State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT 2016 Exchange Filing Rates

Project Name/Number: /

# Filing at a Glance

Company: MVP Health Plan, Inc.

Product Name: VT 2016 Exchange Filing Rates

State: VermontGMCB

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.002C Any Size Group - HMO

Filing Type: GMCB Rate
Date Submitted: 05/14/2015

SERFF Tr Num: MVPH-130053210

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Implementation 01/01/2016

Date Requested:

Author(s): Kristen Marsh, Matt Lombardo, Eric Bachner

Reviewer(s): Thomas Crompton (primary), Kelly Macnee, David Dillon, Judith Henkin, Jacqueline Lee

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group

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Product Name: VT 2016 Exchange Filing Rates

Project Name/Number: /

# **General Information**

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small

Group Market Type: Employer, Association, Other Explanation for Other Group Market Type: Individual

Overall Rate Impact: Filing Status Changed: 05/15/2015

State Status Changed:

Deemer Date: Created By: Kristen Marsh

Submitted By: Matt Lombardo Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These are the rates for MVP's 2016 Exchange rates.

Filing Description:

The proposed rates included within this exchange filing are available to small groups and individuals with effective dates of coverage beginning between January 1, 2016 and December 31, 2016.

# **Company and Contact**

## **Filing Contact Information**

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

### **Filing Company Information**

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

# **Filing Fees**

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation:

Check Number Check Amount Check Date

\$0.00

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

Product Name: VT 2016 Exchange Filing Rates

Project Name/Number: /

# **Rate Information**

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

O1/01/2015

Filing Method of Last Filing:

SERFF

# **Company Rate Information**

Company	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Premium	Number of Policy Holders Affected for this Program:	Premium for	Change	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Increase	3.000%	3.000%	\$951,009	3,324	\$31,678,115	27.300%	-1.800%

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group -

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Product Name: VT 2016 Exchange Filing Rates

Project Name/Number: /

## **Rate Review Detail**

**COMPANY:** 

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 77566

### **PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Vermont HMO Contract Grp	77566VT005	77566VT005	2296
Vermont HMO Contract Ind	77566VT004	77566VT004	4123

Trend Factors:

FORMS:

New Policy Forms: Affected Forms:

Other Affected Forms: VT Exchange COC

### **REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual
Member Months: 179,944
Benefit Change: Increase

Percent Change Requested: Min: -1.8 Max: 27.3 Avg: 3.0

**PRIOR RATE:** 

Total Earned Premium: 31,678,115.00 Total Incurred Claims: 27,211,500.00

Annual \$: Min: 2,503.92 Max: 6,729.88 Avg: 4,936.59

**REQUESTED RATE:** 

Projected Earned Premium: 32,629,124.00 Projected Incurred Claims: 28,615,742.00

Annual \$: Min: 3,187.44 Max: 6,915.62 Avg: 5,084.79

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT 2016 Exchange Filing Rates

Project Name/Number: /

# **Supporting Document Schedules**

SERFF Tracking #: MVPH-130053210 State Tracking #: Company Tracking #: Filing Company: State: **VermontGMCB** MVP Health Plan, Inc. HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO TOI/Sub-TOI: VT 2016 Exchange Filing Rates Product Name: Project Name/Number: Status Date: Bypassed - Item: Third Party Filing Authorization **Bypass Reason:** N/A Attachment(s): **Item Status: Status Date:** Satisfied - Item: Unified Rate Review Template Comments: VT 2016 URRT.xlsm Attachment(s): VT 2016 URRT.pdf UnifiedRateReviewSubmission\_2015051482545\_VTExch\_2016.xml Item Status: **Status Date:** 

SERFF Tracking #: MVPH-130053210 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.002C Any Size Group - HMO

**Product Name:** VT 2016 Exchange Filing Rates

Project Name/Number: /

Attachment Actuarial Memo Dataset 2016 NO LINKS.xlsx is not a PDF document and cannot be reproduced here.

Attachment MVP Exchange Rate Increase Exhibit 2015-2016.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2016 Exchange Rate Filing - SERFF.xlsx is not a PDF document and cannot be reproduced here.

Attachment VT 2016 URRT.xlsm is not a PDF document and cannot be reproduced here.

Attachment UnifiedRateReviewSubmission\_2015051482545\_VTExch\_2016.xml is not a PDF document and cannot be reproduced here.



# **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

Contact Name: Matthew Lombardo, FSA, MAAA

Contact Title: Actuarial Manager, Commercial Pricing

Primary Contact Phone #: 1-800-777-4793, ext. 2483

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: mlombardo@mvphealthcare.com

### **ACTUARIAL MEMORANDUM**

2016 Vermont Exchange Filing

### **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2016 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc. (MVP), a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2016 and 12/31/2016. This filing includes a new product that will be offered for the first time. The rate for this new product was developed consistent with the proposed renewal rates for the current products. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of this plan is 4.2%.

### **Market/Benefits**

All products and rates included in this rate filing are available to both individuals and small employer groups. A description of benefits is included in Exhibit 1 of the rate filing. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing reflects 3,324 policyholders, 4,227 subscribers and 6,417 members.

### **Experience Period Claims**

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set. All grandfathered and non-grandfathered membership that will be eligible to purchase these policy forms in 2016 was included. There were no products excluded. MVP Health Plan, Inc. and MVP Health Insurance Co. reimburse providers at the same rate so no adjustments were made to the experience period data for fee schedule differences between the two companies.

MVP combined the experience of these separate pools of data to form a more credible experience base. The claim data is assumed to be fully credible. The experience period for the historical claims includes incurred dates of service beginning 1/1/14 through 12/31/14, completed as of 3/31/15. The experience period data complies with the single risk pool requirement of the Federal ACA.

Please see Exhibit 3 for a summary of MVP's experience period claims, market-wide adjustments to experience period claims, and the development of the paid Index rate PMPM. MVP is illustrating the development of the paid index rate PMPM separately for non-ACA compliant data separated by the Agriservices Association, pre-ACA small

group, pre-ACA individual, and pre-ACA large groups with 51-100 employees as well as ACA compliant small group and individual data. Market-wide adjustments and trend projections are being made to each of these experience period data sets which are then combined to determine the single risk pool paid Index rate PMPM. Details of the market-wide adjustments and trend projections being made to MVP's experience period data are discussed below.

Line 12 of Exhibit 3 reflects expenses for services such as capitations and other non-FFS medical expenses which come from MVP's General Ledger and are not processed through MVP's claims system. Please see the table below for detail on the items that comprise the capitation and non-FFS expenses reflected in MVP's experience period claims.

### **Summary of Experience Period Non-FFS and Capitation Amounts**

	Agriservices & Pre-ACA Large Group 51-100	Pre-ACA Individual Indemnity	Pre-ACA Small Group	Post-ACA Small Group	Post-ACA Individual
Other Medical Expenses not in claim warehouse	\$6.38	\$3.73	\$4.25	\$3.89	\$0.75
Dental	\$0.04	\$0.00	\$0.17	\$0.55	\$0.17
GME	\$0.34	\$0.00	\$0.16	\$0.08	\$0.00
Net Reinsurance Expense	\$0.21	\$0.21	\$0.21	\$0.21	\$0.21
Wellstyle Rewards	\$1.18	\$0.00	\$0.39	\$0.14	\$0.00
Medical Home and PCP Incentive	\$4.76	\$6.72	\$6.52	\$3.18	\$3.25
Lab Cap	\$0.00	\$0.00	\$0.00	\$0.10	\$0.08
Chiropractic Cap	\$0.00	\$0.00	\$0.00	\$0.76	\$0.78
Healthways and ASH Cap	\$1.97	\$2.43	\$2.51	\$1.30	\$2.12
Total	\$14.88	\$13.10	\$14.21	\$10.21	\$7.35

<sup>\*</sup>Note: VT Paid Claim Surcharge (0.999% of paid claims) and NY HCRA Surcharge (0.25% of paid claims) are not reflected in figures above. Line 12 of Exhibit 3 = line 11 of Exhibit 3 \* 1.249% + the applicable value shown above.

### Adjustments to Experience Period Claims

MVP made an adjustment to ACA Compliant Individual claims to reflect the impact of cost-sharing reduction (CSR) payments received from the State of VT and Federal Government for 2014 dates of service. MVP's claim system processes CSR member claims to reflect MVP's expense without CSR payments as well as with CSR payments. The difference between these two amounts equals the CSR payment MVP will receive from the State and Federal Government which is reflected in line 3 of Exhibit 3.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

Experience period Rx rebates are reflected in line 7 of Exhibit 3. These values were determined by calculating the rebates received as a percentage of Rx claim expense for each of the separate pools of data over the experience period. MVP is assuming that we will receive the same percentage of rebates in the projection period as were received in the experience period. Please see the table below for experience period Rx Rebate detail:

Category for Rating	Rx Rebates	Rx Claims	Rebate %
Agriservices	(\$93,036)	\$539,283	-17.3%
Pre-ACA Individual Indemnity	(\$37,846)	\$136,017	-27.8%
Pre-ACA Small Group	(\$450,215)	\$2,870,552	-15.7%
Large Group 51-100	(\$163,256)	\$1,198,472	-13.6%
ACA Compliant	(\$174,500)	\$2,364,575	-7.4%
Total	(\$918,854)	\$7,108,899	-12.9%

To account for volatility in high cost claims, claims in excess of \$250,000 are being removed from the claim projection and replaced by a pooling charge. MVP is using an attachment point of \$250,000 in this rate filing as claims below this amount in the Individual market will be eligible for temporary reinsurance pool recoveries. The pooling charge of 4.7% was determined by computing the annual average cost of claimants in excess of \$250,000 relative to claimants less than \$250,000 for the eligible population between 2012 and 2014. Please see below for the high cost claim percentage by year:

Time Period	High Cost Claim %
2012	1.9%
2013	6.7%
2014	5.4%
Average	4.7%

### Market-Wide Adjustments to Experience Period Claims

Several adjustments to the experience period incurred claim cost were necessary to adjust for benefit changes included in the EHB Benchmark plan as well as other factors not yet reflected in the experience period. The adjustments are explained below.

### Adjustment for Average Policy Duration Reflected in Experience Period

MVP is making an adjustment to the claim projection for the impact of membership not representing a full 12-month contract over the experience period. Because deductibles are present in most of these products, paid claims are suppressed in the early months of a member's contract and are higher than average in later contract months. Therefore if the experience period membership is not evenly distributed by contract month, an adjustment to the claim costs should be made to reflect the expected claim costs for a 12-month contract period.

To determine the adjustment factor for the experience period claims cost, MVP used deductible suppression factors which were developed by analyzing commercial claims for members with 12 months of medical and Rx benefit coverage. MVP assumed that allowed claims were uniformly distributed by month and determined the expected paid claim cost for a given month relative to the average paid amount for 12 months. Factors were developed for a number of different deductible levels, and MVP split its experience period membership by these deductible levels to compute the appropriate adjustment factors.

Because a large portion of members did not enroll in ACA compliant plans until April 2014 and MVP has a large share of its ACA experience period membership enrolled in Bronze metal level products with higher deductibles, a significant upward adjustment to the experience period claim cost was required for these products. An upward adjustment to Agriservices and Large Group 51-100 experience period claims is driven by the fact that MVP's membership in these pools is more heavily weighted towards earlier contract months. Offsetting a portion of these increases is a downward adjustment to non-ACA compliant small group and Individual claims which were more heavily weighted towards later contract months.

The impact of these adjustments can be found in lines 14 and 15 of Exhibit 3.

# Adjustments to Meet EHB Requirements

### Benefits Added

Several new covered benefits need to be accounted for in Non-ACA compliant plans which include: pediatric dental, pediatric vision, disposable medical supplies, wigs, sterilization reversal, couples therapy, private duty nursing and removing limitations for SNF and Home Care.

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2014 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2016. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. Milliman provided these costs on an allowed basis and MVP converted them to paid amounts by multiplying the allowed amount times the experience period paid to allowed ratio of members enrolled in non-ACA compliant plans. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 1,289 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed that these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

### Benefits Removed

Non-ACA compliant data includes benefits that are not covered in MVP's ACA compliant plans either as a standard covered benefit or via an optional rider. These benefits include: elective abortion and vision exams/hardware. The cost of these benefits was removed from the Non-ACA compliant data in the experience period.

The net impact of the claim cost adjustments to the projected incurred claim costs are illustrated on Lines 16 and 17 of Exhibit 3. Please see below for detail on these calculations:

Derivation of Medical EHB Adjustments for Non-ACA Compliant Data		
Benefits Added Pediatric Dental Pediatric Vision Disposable Supplies Other*	PMPM \$0.29 \$0.06 \$0.11 \$0.73	
Benefits Removed Elective Abortion Vision Exams and Hardware	(\$0.05) (\$0.06)	
Total *Please see attached Milliman Actua	\$1.08 arial Memorandum	

### Derivation of Rx EHB Adjustment to Non-ACA Compliant Small Group Data

1	Total Non-ACA Compliant Small Group MM	64,474
2	Non-ACA Compliant Small Group MM without Rx	1,289
3	Rx Incurred Claims PMPM for Non-ACA Small Group with Rx Coverage	\$45.43
4	Projected Rebate % for Block	-15.7%
5	PMPM Adjustment to Meet Rx EHB Requirement	\$0.77
	Line 5 = 3 * 2 / 1 * (1 + 4)	

### Adjustment for Expected Covered Membership Risk Characteristics

MVP is applying a 2.0% morbidity improvement factor to its projection of non-ACA compliant experience period data. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing, and MVP kept this adjustment in its 2015 rate filing as well. This adjustment is captured in line 18 of Exhibit 3.

### Adjustment for \$1,300 Rx Out of Pocket Maximum (Bill H559)

Bill H559 was effective beginning with October 2012 renewals. Included in this regulation is an out-of-pocket maximum for prescription drug expenses. All of the claim adjustments attributable to Bill H559 are not being processed within MVP's claim system during the experience period for this rate filing. Therefore, an adjustment to the experience period claims was needed. To quantify the impact of this mandate, MVP analyzed member level drug claims over the experience period. MVP captured amounts paid by members in excess of the Rx OOP maximum which will be in effect for 2016, or \$1,300. Please see the table below for a calculation of MVP's adjustment for this item which can be found in line 19 of Exhibit 3.

Adjustment for \$1,300 Rx Out-of-Pocket Maximum			
Experience Period Rx Claims PMPM for Block (net of Rebates)	\$34.40		
Member Rx Cost-Share > \$1,300 in Experience Period FFS Rx Claims	\$0.57		
Adjustment to Experience Period Rx Claims	1.7%		

### Adjustment for Leap Year in 2016

MVP's experience period data is 2014 incurred claims. Because the projection period is 2016, an adjustment for the leap year is being made in line 20 of Exhibit 3. The adjustment is equal to 366/365 and reflects an additional day of claims in 2016 that was not reflected in the experience period.

### **Medical Trend Factors**

The development of annual medical paid claim trend factors for 2016 is illustrated in Exhibit 2a. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable. The assumed unit cost trends reflect known and assumed price increases from MVP's provider network.

In addition to the medical cost inflation rate assumed from the historical experience period to the rating period, an adjustment is needed to reflect the impact of cost share leveraging on the carrier's share of the medical cost. Leveraging is a result of the fixed nature of deductibles and copays in health benefit plans. When there are fixed member deductibles and copays, the carrier bears a greater portion of the cost of medical inflation. Therefore, an additional factor adjustment is made to the trend assumption to capture this cost.

The trend applied to the deductible portion of the experience period was derived using the distribution of claims for MVP's VT book of business. Claims below the average deductible amount over the experience period were trended at the applicable allowed trend rate while claims greater than the deductible were held flat.

The average annual allowed trend factor applied to FFS medical claims in this filing is 3.9%. The annual paid leveraging factor is 0.5% which results in an average annual paid FFS medical trend of 4.4% which can be found in line 22 of Exhibit 3.

### **Rx Trend Factors**

Annual allowed Rx trend factors split by generic, brand, and specialty drugs are illustrated in Exhibit 2a. These trend factors were supplied by MVP's pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization. Supporting documentation illustrating how the Rx trends shown on Exhibit 2a were converted to paid trends for 2016 can be found in Exhibit 2b. The data shown in Exhibit 2b used to develop the paid Rx trend represents the single risk pool Rx data.

MVP has been in contact with its PBM on a regular basis, and the PBM has revised its trend forecasts for 2015 and 2016 since MVP submitted its 3Q 2015 rate filings. The trend forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers.

In aggregate, the PBM's trend forecast has been revised lower for this filing relative to the 3Q 2015 filings. Some of the drivers of the PBM's reduced trend forecast include later generic launch dates of highly utilized drugs as well as lower unit cost trends emerging in 2015 than previously expected.

Please see the table below for a comparison of the Rx trend forecast included in this filing compared to MVP's most recently submitted filings:

Rx Trends Used in 2016 MVP VT Exchange Filing					
	2015 Trend 2016 Trend				
	Unit Cost	Utilization	Unit Cost	Utilization	
Generic	2.1%	3.4%	3.3%	2.1%	
Brand	11.1%	-11.4%	13.5%	-4.5%	
Specialty	13.6%	5.0%	14.0%	6.0%	

Rx Trends Used in 3Q 2015 MVP VT Filings					
2015 Trend 2016 Trend					
	Unit Cost Utilization Unit Cost Utilization				
Generic	5.3%	4.2%	2.3%	3.5%	
Brand	15.0%	-11.0%	12.6%	-4.0%	
Specialty	22.0%	6.0%	25.3%	5.0%	

The average annual allowed Rx trend in this filing is 10.6%, and the average annual paid Rx trend is 12.6% which can be found in line 23 of Exhibit 3.

The Annual FFS Claim Trend Projection factor shown in line 24 of Exhibit 3 represents the blended FFS annual trend projection. To arrive at the blended trend projection shown in line 24, the following calculation is performed: [ line 5 \* line 22 + line 8 \* line 23 ] / [ line 5 + line 8 ].

### Paid Claim Surcharges, Capitation, and Non-FFS PMPM Projection

The paid claim surcharges, capitation, and non-FFS expenses shown in lines 27 and 28 of Exhibit 3 represents MVP's best estimate of these costs in the projection period. Capitation and non-FFS expenses that were included in the experience period claims which will not be covered in the projection period have been removed. A summary of the expenses driving the capitation and non-FFS expenses in line 28 can be found below:

Capitation and Non-FRDM Expense Reflected in Rate Filing			
Other Medical Expense not in warehouse	\$3.18		
Healthways	\$1.69		
Net Reinsurance Expense	\$0.21		
Medical Home and PCP Incentive (VT Blueprint)	\$3.81		
Total	\$8.89		

The NYS HCRA Surcharge of 0.25% included in these rates reflects the historical average amount of this surcharge for MVP's VT members. MVP is assuming that the VT paid claim surcharge will remain unchanged in 2016 and equal 0.999%. Additionally, MVP is not assuming any anticipated changes in the VT Blueprint for this filing; the charge for this item is unchanged from the recently submitted 3Q 2015 rate filings.

The VT legislature is currently discussing a modification to the VT Blueprint. Under the proposal, the VT Blueprint assessment to carriers will increase. MVP estimates the proposed VT Blueprint charge to be \$5.17 PMPM vs. \$3.81 PMPM currently reflected in the rates. If this proposal passes and is implemented with a 2016 effective date, MVP's rates would need to increase by 0.3% to account for changes to the VT Blueprint.

### Impact of 3 R's on Claim Projection

Transitional Reinsurance Program

Because this is a merged market, MVP had to make assumptions regarding whether members in non-ACA compliant plans would purchase individual coverage or small group coverage in 2016 which can be found in line 30 of Exhibit 3. MVP assumed that all members enrolled in the Agriservices Association and Individual Indemnity products during the experience period would purchase Individual coverage. MVP's assumption for Agriservices was based on conversations with MVP's internal sales team. For non-ACA compliant Small Group members, MVP assumed the same percentage of individual enrollment as was reflected in the 2014 ACA compliant products. For Large Group 51-100, MVP assumed all members would enroll in Small Group.

Line 31 represents MVP's estimate of reinsurance recoveries for the temporary reinsurance pool in 2016 multiplied by the projected percentage of members enrolled in the individual market displayed in line 30. MVP is assuming that the assumed reinsurance recovery for individual members in 2016 will equal 4.2%. This was determined by computing 50% of the annual average value of claims between \$90,000 - \$250,000 for members in the VT single risk pool between 2012 and 2014.

Please see below for the percentage by year:

	% of Claims Subject to
Time Period	2016 TRP Recoveries
2012	4.1%
2013	4.8%
2014	3.7%
Average	4.2%

To arrive at the PMPM value of the Temporary Reinsurance Program in 2016 the product of line 29 and line 31 are being computed. The total impact of this program for the single risk pool for 2016 is (\$9.20) PMPM.

### Federal Risk Adjustment Program

No adjustment is being made to the paid index rate for the Federal Risk Adjustment this program. There was no market simulation completed by the State of Vermont and therefore there is no basis for assuming anything other than a \$0 payment transfer between carriers.

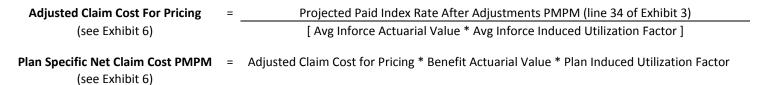
### Federal Risk Corridor Program

expense loads.

No adjustment is being to the paid index rate to account for this program.

### Plan Level Adjustments / Plan Specific Net and Gross Index PMPM rates

Line 34 of Exhibit 3 represents MVP's projected paid index rate after adjustments for the single risk pool in 2016. This is the starting net claim cost that will be used to set 2016 premium rates. Gross Index rates and contract tier rates are calculated in Exhibit 6. The plan specific net claim cost for each plan is computed as follows on Exhibit 6:



The Plan Specific Gross Claim Cost PMPM for each plan is derived by making adjustments to the Plan Specific Net Claim Cost PMPM which account for Benefits in Excess of EHBs, PMPM expense loads, and percent of premium

### **Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included as an attachment to this filing in SERFF.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan. The same benefit pricing tool was used to compute the average inforce benefit actuarial value which equals 0.701 and can be found in Exhibit 6.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum. The member weighted average inforce induced utilization factor over the experience period equals 1.047 and can be found in Exhibit 6.

### Non Claim Expense plan level adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads. The loads are outlined below and are summarized in Exhibit 5.

### Federal Taxes PMPM based

A total of \$2.57 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: \$2.25 reinsurance contribution rate, \$0.15 HHS risk adjustment user fee and \$0.17 Patient Centered Outcome Research Fee.

### Federal Taxes Premium based

This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2016. This is unchanged from 2015.

### State Taxes Premium based – VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.6% is based on MVP's current charge for this program.

### General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is equal to \$36.60 PMPM. MVP previously filed administrative expenses as a percentage of premium but is modifying this methodology in 2016. This amount includes \$1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining \$35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2014 expenses, 9% of MVP's total administrative expense was spent on QI. Therefore, \$3.16 PMPM of the \$35.10 PMPM administrative expense is attributable to QI.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses in 2016 and is striving to grow membership in this market. As a result, the administrative load built into rates is lower than MVP's current cost structure.

The following table summarizes the administrative expenses for small group and individual lines of business from the 2012, 2013, and 2014 Statutory Supplemental Health Care Exhibits (SHCE). The actual 2014 filing will not match the numbers below exactly as there was an internal allocation error when completing the SHCEs. Temporary reinsurance pool fees were not properly allocated by group size within each company in the filed SHCEs which has been reconciled in the table below.

Combined VT AR42 and		SHCE Admin
AR44	Year	PMPM*
Individual	2012	\$57.27
Small Group	2012	\$37.24
Combined	2012	\$39.98
Individual	2013	\$38.96
Small Group	2013	\$46.56
Combined	2013	\$45.58
Individual	2014	\$44.26
Small Group	2014	\$38.11
•		•
Combined	2014	\$40.30

\*Reflects lines 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

### Profit/Risk Charge

MVP is not building a profit/risk charge into the VT Exchange premium rates for 2016. MVP understands the necessity of building a risk charge into premium rates to protect against adverse experience relative to pricing assumptions but is willing to temporarily remove this charge to aid in our competitive position in this market.

### Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. MVP has experienced an increase in bad debt in the VT Individual Exchange which is the driver of this increase.

### Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM. This figure was derived by analyzing the cost of Rider VT-301 for 2014 dates of service relative to the non-Standard population receiving this benefit. The incentive for this benefit in 2014 was \$200 and had a cost of \$0.28 PMPM. Because the reimbursement is being reduced to \$50, MVP divided the \$0.28 PMPM amount by 4 to reflect the 2016 reimbursement of \$50 per year. This additional cost was added as a plan level adjustment to the non-Standard plans.

### **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2015, all of the 149 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.656 and is reflected in the "Induced Utilization Factor" adjustment of Exhibit 6 for this plan.

Catastrophic Plan Level Adjustment										
	HHS Age Factor									
Ages 0-29, Meeting Subscriber Qualifications	1.038									
Single Risk Pool Total	1.583									
Catastrophic Adjustment	0.656									

### **Per Contract Premium Rates**

The Plan Specific Gross Claim Cost PMPMs computed in Exhibit 6 are converted to per contract premium rates using the computed single conversion factor and the prescribed standard load ratios.

The single conversion factor (SCF) was calculated using subscriber and member exposure months by contract type from the experience period used to develop the Index rate. The SCF = weighted average contract size/ weighted average load ratio. Please see Exhibit 4 for the derivation of the SCF.

### **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 87.7%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.3%. Please see the table below for more detail:

Target Loss Ratio for 2016 VT Exchange											
	_										
A) Claims Expense (line 34, Exh 3)	\$367.51										
B) Taxes/Assessments	\$13.47										
C) Quality Improvement	\$3.16										
D) Premium	\$419.26										
E) Traditional Loss Ratio	87.7%										
= A) / D)											
F) Federal Loss Ratio	91.3%										
= [A) + C)] / [D) - B)]											

Please see the table below for a summary of experience period loss ratios for the separate pools of data. Note that the ACA Compliant Individual claim expense reflects expected recoveries from the 2014 Federal Reinsurance Program which is not reflected in the experience period data shown in Exhibit 3.

VT Data Pool	Member Months	Total Claims PMPM	Earned Premium PMPM	Taxes / Assessments PMPM	Quality Improvement Expense	Traditional Loss Ratio	Federally Adjusted Loss Ratio
Non-ACA Compliant Agriservices	16,159	\$307.49	\$426.91	\$20.47	\$3.37	72.0%	76.5%
Non-ACA Compliant Individual Indemnity	10,783	\$215.36	\$219.22	\$17.92	\$3.52	98.2%	108.7%
Non-ACA Compliant Small Group	64,474	\$377.25	\$413.08	\$28.65	\$3.34	91.3%	99.0%
Non-ACA Compliant Large Group 51-100	28,372	\$376.95	\$371.30	\$22.22	\$3.44	101.5%	109.0%
ACA Compliant Small Group	23,006	\$288.51	\$385.34	\$7.19	\$3.76	74.9%	77.3%
ACA Compliant Individual	37,150	\$280.48	\$359.44	\$6.91	\$4.23	78.0%	80.8%
Small Group + Individual Single Risk Pool	179,944	\$329.91	\$381.49	\$19.03	\$3.61	86.5%	92.0%

### Actuarial Dataset, Rate Increase Exhibit, URRT, and Federal Memorandum

Also included with this rate filing are L&E's Actuarial Dataset, a projection of rate increases for ACA compliant subscribers, the Federal URRT, and Federal Actuarial Memorandum.

### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.

Matthew Lombardo, FSA, MAAA

Actuarial Manager, Commercial Pricing

What to had

MVP Health Care, Inc.

05/15/2015 Date

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### **ACTUARIAL CERTIFICATION** FEDERAL ACTUARIAL VALUE ADJUSTMENT VERMONT EXCHANGE

Gold HDHP Vitality Plus 2400 Bronze HMO Vitality Plus 5000

I, Kathleen Fish, VP of Actuarial Services and Chief Actuary for MVP Health Care, am a member of the American Academy of Actuaries and meet the qualification standards to render this certification. MVP Health Plan, a fully owned subsidiary of MVP Health Care, offers a range of products on the Vermont Exchange. Standard and Non Standard Plans are offered. Standard plans are prescribed by the State of Vermont and are separately certified where necessary by an Actuary representing Wakely Consulting Firm. Nonstandard plans are filed at the discretion of MVP. MVP has 2 nonstandard benefit plans, Gold HDHP Vitality Plus 2400 and Bronze HMO Vitality Plus 5000, with benefit features that don't fit the parameters of the Federal Actuarial Value Calculator and therefore being certified herein.

Pursuant to 45 CFR 156.135(b) one of two permitted alternative methods must be used to determine any final adjusted Federal AV. I used the AV Calculator to determine the Federal AV for the plan provisions that do fit within the calculator parameters and then calculated an actuarial adjustment factor to apply to the calculator produced AV to account for the plan features that materially deviate from the calculator parameters. The product of the Federal Calculator produced AV times the actuarial adjustment factor is the final Federal AV for the benefit plan.

I certify that the adjustments made are appropriate and in accordance with generally accepted actuarial principles and methodologies.

The following 3 benefit features for the Gold HDHP Vitality Plus 2400 were determined to not fit the Federal Calculator:

VT secondary Rx OOP max Aggregate Family Deductible

Safe harbor prescription drug benefits excluded from the plan deductible

The following benefit feature for the Bronze Vitality Plus 5000 was determined to not fit the Federal Calculator: VT secondary Rx OOP max

To determine the adjustment factors, I used MVP's proprietary benefit pricing tool to value the AV for these plans first excluding the above features that don't fit the calculator and again to value to AV with the above benefit changes. The ratio of the two AVs is the actuarial adjustment factor used to modify the Federal Calculator computed AV.

Plan Description	MVP determined AV	Federal AV before and after adjustment
Gold HDHP Vitality Plus with no secondary Rx OOP max, with embedded single	74.60%	77.87%
deductibles and with no safe harbor drug benefit		
Gold HDHP Vitality Plus including the secondary Rx OOP max, the aggregate	74.99%	78.26%
family deductible and the safe harbor drug benefit		
Bronze HMO Vitality Plus with no secondary Rx OOP max	58.06%	59.08%
Bronze HMO Vitality Plus with secondary Rx OOP max	58.80%	59.85%

Actuarial Adjustment factor for Gold Plan: 1.005 = 74.99%/74.60% Final Federal AV for Gold HDHP Vitality Plus 2400 = 77.87% x (1.005) = 78.26%

Actuarial Adjustment factor for Bronze Plan: 1.013 = 58.80%/58.06% Final Federal AV for Bronze HMO Vitality Plus 5000 = 59.08% x (1.013) = 59.85%

Kathleen Fish, FSA, MAAA VP Actuarial Services and Chief Actuary MVP Health Care April 15, 2015

Kalkleens

### MVP Health Care Derivation of 2016 VT Exchange Rate Increases by Contract and Benefit Plan for ACA Compliant Members as of March 2015

	NON-STANDARD PLANS STANDARD PLANS									1						
	GOLD	SIL	LVER	BRONZE	PLATINUM	GOLD		SIL	VER		BRO	ONZE	Catastrophic			
														Total Annual	Average	Average Annual
		CSR	Non-CSR				CSR		Non-CSR					Premium	PMPM	Premium
2016 Proceed Patro							HDHP	Non-HDHP	HDHP	Non-HDHP	HDHP	Non-HDHP				
2016 Proposed Rates Single Rate	\$578.47	\$479.34	\$479.34	\$393.75	\$664.62	\$592.42	\$470.95	\$496.45	\$470.95	\$496.45	\$383.04	\$394.85	\$265.62			
•																
Couple Rate	\$1,156.94	\$958.68	\$958.68	\$787.50	\$1,329.24	\$1,184.84	\$941.90	\$992.90	\$941.90	\$992.90	\$766.08	\$789.70	\$531.24			
Adult and Child(ren) Rate	\$1,116.45	\$925.13	\$925.13	\$759.94	\$1,282.72	\$1,143.37	\$908.93	\$958.15	\$908.93	\$958.15	\$739.27	\$762.06	\$512.65			
Family Rate	\$1,625.50	\$1,346.95	\$1,346.95	\$1,106.44	\$1,867.58	\$1,664.70	\$1,323.37	\$1,395.02	\$1,323.37	\$1,395.02	\$1,076.34	\$1,109.53	\$746.39	\$32,629,124	\$423.73	\$7,719.22
2015 Approved Rates																
Single Rate	\$576.02	\$460.09	\$460.09	\$387.82	\$646.77	\$572.84	\$456.19	\$484.95	\$456.19	\$484.95	\$390.03	\$382.35	\$208.66			
Couple Rate	\$1,152.04	\$920.18	\$920.18	\$775.64	\$1,293.54	\$1,145.68	\$912.38	\$969.90	\$912.38	\$969.90	\$780.06	\$764.70	\$417.32			
Adult and Child(ren) Rate	\$1,111.72	\$887.97	\$887.97	\$748.49	\$1,248.27	\$1,105.58	\$880.45	\$935.95	\$880.45	\$935.95	\$752.76	\$737.94	\$402.71			
Family Rate	\$1,618.62	\$1,292.85	\$1,292.85	\$1,089.77	\$1,817.42	\$1,609.68	\$1,281.89	\$1,362.71	\$1,281.89	\$1,362.71	\$1,095.98	\$1,074.40	\$586.33	\$31,678,115	\$411.38	\$7,494.23
2016 Proposed Rate Increases																
Single Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Couple Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Adult and Child(ren) Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%			
Family Rate	0.4%	4.2%	4.2%	1.5%	2.8%	3.4%	3.2%	2.4%	3.2%	2.4%	-1.8%	3.3%	27.3%	3.0%	Total Revenue	Change
March 2015 Contracts																
Single Rate	65	66	303	181	289	83	19	47	234	270	163	1,047	133			
Couple Rate	12	15	85	68	103	22	6	15	44	77	37	319	8			
Adult and Child(ren) Rate	2	3	12	7	16	5	1	1	9	14	11	34	0			
Family Rate	18	4	29	24	77	16	0	3	47	39	38	106	0			
Total	97	88	429	280	485	126	26	66	334	400	249	1,506	141			
					•							•		-		
March 2015 Members																
Single Rate	65	66	303	181	289	83	19	47	234	270	163	1,047	133			
Couple Rate	24	30	170	136	206	44	12	30	88	154	74	638	16			
Adult and Child(ren) Rate	6	8	26	16	43	13	4	2	23	44	28	78	0			
Family Rate	75	15	115	94	318	61	0	12	204	149	155	406	0			
Total	170	119	614	427	856	201	35	91	549	617	420	2,169	149	]		



# **MEMO**

March 18, 2013

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To Kathleen Fish, Matt Lombardo (MVP)

From Howard Kahn (Milliman)
Subject Vermont EHB Pricing

As requested, we have estimated the cost of the following benefits included by Vermont in its Essential Health Benefits (EHB) package:

- Private duty nursing
- Sterilization Reversal
- Couples therapy
- Wigs
- Pediatric vision

MVP Health Care's (MVP) does not currently offer these benefits in Vermont.

In addition, we have:

- Estimated the annual visit limit equivalent to an annual \$2,000 limit for private duty nursing.
- Estimated the impact of removing contractual limits on days in a skilled nursing facility (SNF) and home health care visits.

### Results

Our estimates for the incremental 2014 allowed Per Member Per Month (PMPM) cost, assuming a standard population, for each of the additional benefits are:

Benefit	<b>Estimated 2014 Allowed PMPM</b>
Private Duty Nursing	\$0.31
Sterilization Reversal	\$0.00
Couples Therapy	\$0.60
Wigs	\$0.02
Pediatric Vision	\$1.46

# In addition, we estimate:

- A 4 visit annual limit is equivalent to a \$2,000 annual limit for private duty nursing in 2014.
- Increasing SNF day limits of 30, 45, 60, and 120 to unlimited results in an insignificant increase to the paid PMPM.
- Increasing home health visit limits of 40, 60, and 200 to unlimited results in an insignificant increase to the paid PMPM.



### Methodology

Private Duty Nursing

Using the 2010 Truven Health Analytics MarketScan Commercial database (MarketScan)<sup>1</sup> for the Northeast region we identified all claims for the following codes provided by MVP with a place of service equal to 12:

- HCPCS
  - o S9123
  - o S9124
  - o T1000
  - o T1002
  - o T1003
  - o T1030
  - o T1031

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's Health Cost Guidelines (HCGs)<sup>2</sup> for 4 years.

Sterilization Reversal

Using the 2010 MarketScan Commercial database we identified all claims for the following codes provided by MVP:

- HCPCS
  - 0 55400
  - o 58750
  - o 58752
  - o 58760
  - o 58770
- ICD-9 Diagnosis Codes (primary position)
  - o V26.0
  - o V26.22

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<sup>&</sup>lt;sup>1</sup> This database contains all paid claims generated by approximately 35 million commercially insured lives. The MarketScan database represents the inpatient and outpatient healthcare service use of individuals nationwide who are covered by the benefit plans of large employers, health plans, government, and public organizations. The MarketScan database links paid claims and encounter data to detailed patient information across sites and types of providers, and over time. The annual medical database includes private sector health data from approximately 100 payers.

<sup>&</sup>lt;sup>2</sup> The HCGs are a cooperative effort of all Milliman health actuaries and represent a combination of their experience, research and judgment. An extensive amount of data is used in developing the HCGs and that data is updated annually. The HCGs provide a flexible but consistent basis for the determination of health claim costs and premium rates for a wide variety of health plans. The HCGs are developed as a result of Milliman's continuing research on health care costs. First developed in 1954, the HCGs have been updated and expanded annually since that time. The HCGs are continually monitored as they are used in measuring the experience or evaluating the rates of health plans, and as they are compared to other data sources.



- ICD-9 Procedure Codes
  - 0 63.82
  - 0 66.79

The total number of services for these codes in nationwide 2010 MarketScan was insignificant with a resulting allowed PMPM of almost \$0.00. Therefore, we estimate that the addition of this benefit will not materially increase claims costs.

### Couples Therapy

Using the 2010 MarketScan Commercial database we identified all claims for the following codes:

- HCPCS
  - 0 90847
  - 0 99510
- ICD-9 Diagnosis Code (primary position)
  - o V61.10

We refined the list of codes provided by MVP to include only codes which we believe represent couple therapy services.

We trended the resulting per member amount by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years and applied the psychiatric area factor of 1.04 recommended by Milliman's HCGs for Vermont.

### Wigs

Vermont is including wigs in its EHB when hair loss is due to disease or chemotherapy. Since wigs are not a commonly offered benefit, we are unable to derive credible utilization rates from the MarketScan database. Instead, we refer to other published literature to estimate the incremental cost for wigs due to chemotherapy, assuming no additional cost for other diseases:

2014 Allowed Wig PMPM Development		Source
Cancer Incidence (Under 65)	0.22%	http://seer.cancer.gov/statfacts/html/all.html
Probability of Losing Hair Under Chemo	65%	http://www.derma- haarcenter.ch/files/Directory/Publikationen/Chemotherapy .pdf
Percent Female	48%	http://seer.cancer.gov/statfacts/html/all.html
2014 Unit Cost for Wigs	\$379.31	2010 Nationwide MarketScan (HCPCS A9282, trended annually at 6%)
2014 PMPY	\$0.26	
2014 PMPM	\$0.02	

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Pediatric Vision

Vermont is including pediatric vision (to age 21) in its EHB:

- 1 vision exam per year
- \$150 per year for vision hardware

We priced out the additional allowed PMPM cost for these benefits by calibrating our 2013 HCGs to Vermont and assuming 120% of Medicare reimbursement.

Annual visit limit for private duty nursing

To convert an annual dollar limit to an annual visit limit for private duty nursing services, we develop a claims probability distribution from 2010 MarketScan for Northeast states. We used the codes described above to identify private duty nursing procedures.

The probability distribution table shown in Exhibit 1 represents 2010 claims trended by the secular trend for professional service of 6% per year recommended by Milliman's HCGs for 4 years. The table estimates the probability that the allowed cost for a private duty nursing visit will fall within certain ranges.

Based on a simulation of 10,000 trials, we estimated that 4.20 visits on average will exceed \$2,000.

Benefit Relativities for increased contractual limits on skilled nursing facility (SNF) and home care

MVP currently offers plans in Vermont that have:

- SNF day limits of 30, 45, 60 and 120
- Home health care visit limits of 40, 60 and 200

Using the 2013 SNF length of stay tables found in the HCGs, adjusted for Milliman's standard plan design (80/20 coinsurance with a \$500 deductible) and Vermont's utilization and unit cost, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for day in SNF is removed.

Since the HCGs do not have home health care visit distributions, we developed a probability distribution for members utilizing home health care from 2010 MarketScan for Northeast states. Based on these results, we estimate an insignificant increase in total estimated paid PMPM amounts if the limit for home health care visits is removed.

### **Data Reliance**

We relied on the following files provided by MVP:

- VermontNewBenefits.pdf
- Codes for VT Exchange Benefits.xlsx

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### **Additional Notes and Caveats**

Our models are based on the assumptions listed above and the data you have provided to us. If you believe any of our assumptions are incorrect, please let us know and we will amend our models accordingly. Actual experience will vary from expected.

This memo has been produced for the sole benefit of MVP and is not for distribution outside MVP.

Howard Kahn is employed by Milliman, Inc. and is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion in this report.

cc: Rob Parke (Milliman)

# Exhibit 1 MVP Health Care Private Duty Nursing Simulation Converting \$2,000 Annual Dollar Limit to Visit Limit

# **Private Duty Nursing Probability Distribution\***

		2014 Average Allowed Unit		
Lower Bound	<b>Upper Bound</b>	Cost per Visit	Visits	Probability
\$0	\$25	\$16.64	30	0.1%
\$26	\$50	\$39.34	139	0.4%
\$51	\$76	\$68.21	696	2.2%
\$77	\$101	\$91.10	823	2.6%
\$102	\$126	\$115.51	3,362	10.6%
\$127	\$158	\$142.00	2,809	8.9%
\$159	\$189	\$176.64	737	2.3%
\$190	\$221	\$208.01	772	2.4%
\$222	\$252	\$233.14	1,061	3.3%
\$253	\$316	\$282.19	1,855	5.8%
\$317	\$379	\$353.86	1,445	4.6%
\$380	\$442	\$410.23	1,577	5.0%
\$443	\$505	\$477.77	1,766	5.6%
\$506	\$631	\$574.33	3,214	10.1%
\$632	\$757	\$708.05	1,809	5.7%
\$758	\$884	\$826.84	1,201	3.8%
\$885	\$1,010	\$955.95	1,791	5.6%
\$1,011	\$1,136	\$1,060.72	1,698	5.4%
\$1,137	\$1,262	\$1,190.31	1,021	3.2%
\$1,263	\$1,389	\$1,324.64	820	2.6%
\$1,390	\$1,515	\$1,484.55	727	2.3%
\$1,516	\$1,641	\$1,577.93	878	2.8%
\$1,642	\$1,767	\$1,700.09	489	1.5%
\$1,768	\$1,894	\$1,831.38	226	0.7%
\$1,895	\$2,020	\$1,966.49	74	0.2%
\$2,021	\$2,146	\$2,096.32	129	0.4%
\$2,147	\$2,272	\$2,261.47	205	0.6%
\$2,273	\$2,399	\$2,349.88	60	0.2%
\$2,400	\$2,525	\$2,481.25	33	0.1%
\$2,526		\$4,954.81	267	0.8%

Number of Simulation Trials	10,000
Average Number of Visits to Meet \$2,000 Threshold	4.20

<sup>\*</sup>Data represents 2010 MarketScan trended at 6% annually to 2014



# MVP Health Care -- 2016 Exchange Rate Filing

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Exhibit 1 -- Summary of Medical Coplans Offered

Exhibit 2a -- Pricing Trend Assumptions

Exhibit 2b -- Support for Rx Trend Assumptions

Exhibit 3 -- Index Rate Development

Exhibit 4 -- Conversion Factor and Tier Ratios

Exhibit 5 -- Retention Loads and Paid Claim Surcharges

Exhibit 6 -- 2015 Premium Rates

### Exhibit 1 -- Summary of Medical Coplans Offered

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

					In-Network Benefits																
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Form ID	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-P-001-S (2016)	HyHMO	Platinum	Standard	\$10 No DD	\$20 No DD	10%	\$100 No DD	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$1,250	\$2,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%
FRVT-HMO-G-001-S (2016)	HyHMO	Gold	Standard	\$15 No DD	\$25 No DD	20%	\$150 No DD	20%	\$50 No DD	\$750	\$1,500	Embedded	20%	Embedded	Embedded	\$4,250	\$8,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%, \$50 / \$100 Brand Ded
								\$400 (Fac)													
FRVT-HMO-G-002-N (2016)	HyHMO	Gold	Non-Standard	\$10 No DD	\$30 No DD	20%	\$200	\$200 (Phys)	\$50	\$650	\$1,300	Embedded	20%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-G-003-N (2016)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,300	\$2,600	Integrated	0% / 0% / 0%, Subject to Med Deductible
FRVT-HMO-S-001-S (2016)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$5,600	\$11,200	\$1,250	\$2,500	Separate	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-S-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$5,750	\$11,500	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)													
FRVT-HMO-S-001-N (2016)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60	50%	\$250	\$600 (Phys)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$15 / \$50 / 50%, \$250 / \$500 Ded, VBID = \$3 #
FRVT-HMO-B-001-S (2016)	HMO	Bronze	Standard	\$35	\$85	50%	50%	50%	\$100	\$4,000		Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,250	\$2,500	Integrated	\$20 / \$80 / 60%, \$500 / \$1,000 Ded
FRVT-HMOH-B-001-S (2016)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$4,400		Aggregate	50%	Embedded	Aggregate	\$6,500	\$13,000	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-B-001-N (2016)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$300 / \$600 Ded, VBID = \$3 #
FRVT-HMO-C-001-S (2016)	HMO	Catastrophic	Standard	\$0**	\$0	0%	\$0	0%	\$0	\$6,850	\$13,700	Embedded	0%	Embedded	Embedded	\$6,850	\$13,700	\$1,300	\$2,600	Integrated	\$0 / \$0 / \$0 Subject to Med Deductible

Subsidi	zed Cost-Sharing Benefi	ts (Non Al/AN)									In-Net	work Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-S1-001-S (2016)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	40%	\$250	40%	\$100 No DD	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$4,500	\$9,000	\$1,200	\$2,400	Separate	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-002-S (2016)	HyHMO	Silver	Standard	\$10 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$600	\$1,200	Embedded	40%	Embedded	Embedded	\$1,250	\$2,500	\$400	\$800	Separate	\$10 / \$50 / 50%, \$100 / \$200 Brand DED
FRVT-HMO-S1-003-S (2016)	HyHMO	Silver	Standard	\$5 No DD	\$15 No DD	10%	\$75	10%	\$50 No DD	\$100	\$200	Embedded	10%	Embedded	Embedded	\$500	\$1,000	\$200	\$400	Separate	\$5 / \$20 / 30%
FRVT-HMO-S1-004-S (2016)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,600	\$3,200	Embedded	40%	Embedded	Embedded	\$3,400	\$6,800	\$1,000	\$2,000	Separate	\$12 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMO-S1-005-S (2016)	HyHMO	Silver	Standard	\$20 No DD	\$40 No DD	40%	\$250	40%	\$100 No DD	\$1,250	\$2,000	Embedded	40%	Embedded	Embedded	\$2,900	\$5,800	\$1,000	\$2,000	Separate	\$12 / \$60 / 50%, \$100 / \$200 Brand Ded
FRVT-HMO-S1-006-S (2016)	HyHMO	Silver	Standard	\$15 No DD	\$30 No DD	40%	\$250	40%	\$100 No DD	\$1,000	\$2,000	Embedded	40%	Embedded	Embedded	\$2,250	\$4,500	\$500	\$1,000	Separate	\$12 / \$50 / 50%, \$100 / \$200 Brand Ded
FRVT-HMOH-S1-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$4,250	\$8,500	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$1,200	\$2,400	Aggregate	0%	Aggregate	Aggregate	\$1,200	\$2,400	\$1,200	\$2,400	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	0%	0%	0%	0%	0%	0%	\$500	\$1,000	Aggregate	0%	Aggregate	Aggregate	\$500	\$1,000	\$500	\$1,000	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,400	\$2,800	Aggregate	25%	Aggregate	Aggregate	\$3,100	\$6,200	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
FRVT-HMOH-S1-005-S (2016)	HDHMO	Silver	Standard	5%	20%	20%	20%	20%	20%	\$1,300	\$2,600	Aggregate	20%	Aggregate	Aggregate	\$2,900	\$5,800	\$1,300	\$2,600	Integrated	\$5 / \$15 / 50% Subject to Med Deductible
FRVT-HMOH-S1-006-S (2016)	HDHMO	Silver	Standard	0%	10%	10%	10%	10%	10%	\$1,300	\$2,600	Aggregate	10%	Aggregate	Aggregate	\$2,000	\$4,000	\$1,300	\$2,600	Integrated	\$5 / \$10 / 10% Subject to Med Deductible
								\$800 (Fac)													
FRVT-HMO-S1-001-N (2016)	HyHMO	Silver	Non-Standard	\$10 No DD	\$50	40%	\$150	\$400 (Phys)	\$100	\$700	\$1,400	Embedded	40%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12/\$40/50%, \$200 / \$400 DED, VBID = \$3 #
								\$100 (Fac)													
FRVT-HMO-S1-002-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$30	10%	\$100	\$75 (Phys)	\$100	\$60	\$120	Embedded	10%	Embedded	Embedded	\$1,800	\$3,600	\$450	\$900	Separate	\$10/\$25/40%, \$50 / \$100 DED, VBID = \$3 #
								\$50 (Fac)													
FRVT-HMO-S1-003-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$10	5%	\$50	\$25 (Phys)	\$50	\$0	\$0	Embedded	5%	Embedded	Embedded	\$1,800	\$3,600	\$450	\$900	Separate	\$5/\$10/5%, VBID = \$1 #
								\$400 (Fac)													
FRVT-HMO-S1-004-N (2016)	HyHMO	Silver	Non-Standard	\$5 No DD	\$40	30%	\$100	\$200 (Phys)	\$100	\$300	\$600	Embedded	30%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12/\$40/40%, \$100 / \$200 DED, VBID = \$3 #
								\$400 (Fac)													
FRVT-HMO-S1-005-N (2016)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	20%	\$100	\$200 (Phys)	\$100	\$200	\$400	Embedded	20%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12 / \$40 / 40%, \$50 / \$100 Ded, VBID = \$3 #
								\$400 (Fac)													
FRVT-HMO-S1-006-N (2016)	HyHMO	Silver	Non-Standard	\$10 No DD	\$40	10%	\$100	\$200 (Phys)	\$100	\$100	\$200	Embedded	10%	Embedded	Embedded	\$4,250	\$8,500	\$1,200	\$2,400	Separate	\$12 / \$40 / 40%, \$50 / \$100 Ded, VBID = \$3 #

American Indian and	d Alaskan Native (AI/AN)	Benefits (Unsubsidiz	ed)^								In-Net	work Benefits									
										Med						Med OOP	Med OOP	Rx OOP	Rx OOP		
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-PA2-001-S (2016)	HyHMO	Platinum			\$20 No DD	10%	\$100 No DD	10%	\$50 No DD	\$150	\$300	Embedded	10%	Embedded	Embedded	\$1,250	\$2,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%
FRVT-HMO-GA2-001-S (2016)	HyHMO	Gold	Standard	\$15 No DD	\$25 No DD	20%	\$150 No DD	20%	\$50 No DD	\$750	\$1,500	Embedded	20%	Embedded	Embedded	\$4,250	\$8,500	\$1,250	\$2,500	Separate	\$5 / \$40 / 50%, \$50 / \$100 Brand Ded
								\$400 (Fac)													
FRVT-HMO-GA2-002-N (2016)	HyHMO	Gold	Non-Standard	\$10 No DD	\$30 No DD	20%	\$200	\$200 (Phy)	\$50	\$650	\$1,300	Embedded	20%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$5 / \$40 / 50%, \$200 / \$400 Brand Ded, VBID = \$1 #
FRVT-HMOH-GA2-003-N (2016)	HDHMO	Gold	Non-Standard	0%	0%	0%	0%	0%	0%	\$2,400	\$4,800	Aggregate	0%	Aggregate	Aggregate	\$2,400	\$4,800	\$1,300	\$2,600	Integrated	\$0 / \$0 / 0% Subject to Med Deductible
FRVT-HMO-SA2-001-S (2016)	HyHMO	Silver	Standard	\$25 No DD	\$50 No DD	40%	\$250	40%	\$100	\$2,000	\$4,000	Embedded	40%	Embedded	Embedded	\$5,600	\$11,200	\$1,250	\$2,500	Separate	\$15 / \$60 / 50%, \$150 / \$300 Brand Ded
FRVT-HMOH-SA2-001-S (2016)	HDHMO	Silver	Standard	10%	25%	25%	25%	25%	25%	\$1,550	\$3,100	Aggregate	25%	Embedded	Aggregate	\$5,750	\$11,500	\$1,300	\$2,600	Integrated	\$10 / \$40 / 50% Subject to Med Deductible
								\$1,400 (Fac)												-	·
FRVT-HMO-SA2-001-N (2016)	HyHMO	Silver	Non-Standard	\$20 No DD	\$60 No DD	50%	\$250	\$600 (Phy)	\$100	\$2,000	\$4,000	Embedded	50%	Embedded	Embedded	\$5,550	\$11,100	\$1,300	\$2,600	Separate	\$15 / \$50 / 50%, \$250 / \$500 Ded, VBID = \$3 #
FRVT-HMO-BA2-001-S (2016)	HMO	Bronze	Standard	\$35 No DD	\$85 No DD	50%	50%	50%	\$100	\$4,000	\$8,000	Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,250	\$2,500	Integrated	\$20 / \$80 / 60%, \$500 / \$1,000 Ded
FRVT-HMOH-BA2-001-S (2016)	HDHMO	Bronze	Standard	50%	50%	50%	50%	50%	50%	\$4,400	\$8,800	Aggregate	50%	Embedded	Aggregate	\$6,500	\$13,000	\$1,300	\$2,600	Integrated	\$12 / 40% / 60% Subject to Med Deductible
FRVT-HMO-BA2-001-N (2016)	HMO	Bronze	Non-Standard	\$40	\$100	50%	50%	50%	\$100	\$5,000	\$10,000	Embedded	50%	Embedded	Embedded	\$6,850	\$13,700	\$1,300	\$2,600	Integrated	\$20 / \$90 / 60%, \$2300 / \$600 Ded, VBID = \$3 #

American Indian a	nd Alaskan Native (Al/AN	N) Benefits (Subsidiz	ed)								In-Net	vork Benefits	3								
										Med						Med OOP	Med OOP	Rx OOP			
			Standard/Non-			IP				Ded	Med Ded	Deductible		Med OOP	Rx OOP	Max	Max	Max	Max	OOP Max	
Coplan	Product Type	Metal Level	Standard	PCP	SCP	(Med/Surg)	ER	OP Surg	Amb	Single	Family	Type	Coins.	Type	Type	Single	Family	Single	Family	Type	Pharmacy
FRVT-HMO-BA1-001-S (2016)	HMO	Bronze	Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FRVT-HMO-BA1-001-N (2016)	HMO	Bronze	Non-Standard	\$0	\$0	0%	\$0	0%	\$0	\$0	\$0	\$0	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0

Services subject to deductible (DD) unless otherwise stated.
\*\*\* 3 PCP Office Visits are covered in full, not subject to deductible
\*Services provided by a tribal facility are covered in full for non-HDHP plans. For HDHP plans, services are covered in full if provided by a tribal facility after the deductible is met.
#Generic Drugs are Covered in full up to age 70. after Pharmacy deductible is met
Note: MVP's Non-Standard Plan Designs also have a Member Wellness Rider (Form: FRVT-301) attached which provides up to \$50 per adult member (age >= 18) per year.

### Exhibit 2 -- Pricing Trend Assumptions

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Experience Period: January 1, 2014 - December 31, 2014 Rating Period: January 1, 2016 - December 31, 2016

### Medical Trend Summary

	2015 Annual Trend										
	% of Allowed Claims	Allowed Cost	Utilization	Total							
IP	20.9%	5.4%	0.0%	5.4%							
OP and Other Med	48.1%	4.8%	0.0%	4.8%							
PHY	31.0%	2.9%	0.0%	2.9%							
Medical Total	[	4.3%	0.0%	4.3%							

2016 Annual Trend										
	% of Allowed Claims	Allowed Cost	Utilization	Total						
IP	20.9%	5.4%	0.0%	5.4%						
OP and Other Med	48.1%	4.8%	0.0%	4.8%						
PHY	31.0%	0.0%	0.0%	0.0%						
Medical Total		3.4%	0.0%	3.4%						

### Annual Allowed Medical Trend 3.9%

	Allowed-COB	Coinsurance	Copay	Deductible	Paid*
Rating Period:	\$368.16	\$9.77	\$4.06	\$63.26	\$291.07
24 Months of Trend:	1.079	1.079	1.000	1.034	1.090
Projection Period:	\$397.17	\$10.54	\$4.06	\$65.41	\$317.16
Allowed Trend (Annual)	3.9%				
Paid Trend (Annual)	4.4%				
Leveraging (Annual)	0.5%				

### **Rx Trend Summary**

	2015	<u>Trend</u>	2016	Trend	Annualized Trend		
	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization	
Generic	2.1%	3.4%	3.3%	2.1%	2.7%	2.7%	
Brand	11.1%	-11.4%	13.5%	-4.5%	12.3%	-8.0%	
Specialty	13.6%	5.0%	14.0%	6.0%	13.8%	5.5%	

# **Exhibit 2b -- Rx Trend Development**

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Rx Claim Information	Generic	Brand	Specialty	Total
Experience Period Scripts / 1000	8,552	1,044	89	9,685
Experience Period Allowed PMPM	\$14.84	\$17.26	\$19.77	\$51.87
Experience Period Deductible PMPM	\$3.60	\$2.53	\$0.45	\$6.58
Experience Period Copay PMPM	\$2.45	\$1.38	\$0.14	\$3.97
Experience Period Coinsurance PMPM	\$0.30	\$1.15	\$0.08	\$1.53
Experience Period Paid PMPM	\$8.49	\$12.20	\$19.09	\$39.78
Experience Period Rebates PMPM				(\$5.11)
Annual Util Trend	1.027	0.920	1.055	1.017
Annual Unit Cost Trend	1.027	1.123	1.138	1.088
Annual Paid Trend	1.063	1.045	1.201	1.126
Months of Trend	24	24	24	24
Projected Scripts / 1000	9,028	884	99	10,011
Projected Allowed PMPM	\$16.52	\$18.42	\$28.49	\$63.43
Projected Deductible PMPM	\$4.01	\$2.70	\$0.65	\$7.36
Projected Copay PMPM	\$2.58	\$1.17	\$0.16	\$3.91
Projected Coinsurance PMPM	\$0.33	\$1.22	\$0.12	\$1.68
Projected Paid PMPM	\$9.60	\$13.33	\$27.55	\$50.48
Rx Rebates				(\$6.48)
Net Projected Paid PMPM				\$44.00

Development of Index PMPM Claim Rate Experience Period Incurred DOS: 1/1/14 - 12/31/14 Completed Through: 3/31/15

			Exhibit 3 - VT Sr	nall Group and I	ndividual Index	Rate	
	Non-ACA Compliant Agriservices	Non-ACA Compliant Individual Indemnity	Non-ACA Compliant Small Group	Non-ACA Compliant Large Group 51-100	ACA Compliant Small Group	ACA Compliant Individual	Small Group + Individual Single Risk Pool
1 Member Months	16,159	10,783	64,474	28,372	23,006	37,150	179,944
2 FFS Paid Medical Claims 3 CSR Payments 4 IBNR Factor	\$251.71 \$0.00 1.038	\$177.92 \$0.00 1.071	\$310.60 \$0.00 1.033	\$311.02 \$0.00 1.033	\$231.65 \$0.00 1.035	\$280.35 (\$10.60) 1.035	\$281.09 (\$2.19) 1.036
5 FFS Incurred Paid Medical Claims	\$261.38	\$190.55	\$320.93	\$321.36	\$239.65	\$279.06	\$288.80
6 FFS Incurred Rx Claims 7 Rx Rebates	\$33.37 (\$5.76)	\$12.61 (\$3.51)	\$44.52 (\$6.98)	\$42.24 (\$5.75)	\$37.85 (\$2.79)	\$40.21 (\$2.97)	\$39.51 (\$5.11)
8 FFS Incurred Rx Claims (Net of Rebates)	\$27.62	\$9.10	\$37.54	\$36.49	\$35.06	\$37.24	\$34.40
9 FFS Medical & Rx Claims in Excess of \$250,000 Pooling Point 10 Pooling Charge	( <mark>\$12.92)</mark> \$12.89	(\$0.55) \$9.30	(\$8.99) \$16.32	(\$35.11) \$15.07	\$0.00 \$12.83	(\$23.88) \$13.65	(\$14.88) \$14.39
11 FFS Experience Period Claim Expense After Pooling Adjustment	\$288.97	\$208.39	\$365.79	\$337.81	\$287.54	\$306.07	\$322.71
12 Experience Period Capitation and Non-FFS Medical Costs 13 Adjusted Experience Period Claim Expense	\$18.49 <b>\$307.46</b>	\$15.71 <b>\$224.10</b>	\$18.78 <b>\$384.57</b>	\$19.10 <b>\$356.91</b>	\$13.80 <b>\$301.33</b>	\$11.17 <b>\$317.24</b>	\$16.41 <b>\$339.13</b>
Market-Wide Adjustments to Experience Period Claims  14 Adjustment for average policy during beginning of policy year  15 Adjustment for average policy during end of policy year  16 Medical Benefit Modifications to Meet EHB Requirements  17 Rx Benefit Modifications to Meet EHB Requirements  18 Adjustment for expected covered membership risk characteristics  19 Adjustment to experience period claims for \$1,300 Rx Out-of-Pocket Max  20 Adjustment for the impact of the leap year in 2016  21 Experience Period Claim Expense After All Adjustments  22 Annual FFS Medical projection factor  23 Annual FFS Rx projection factor  24 Annual FFS Claim trend projection factor  25 Months of Trend  26 Projection Period FFS Claim Expense PMPM Prior to Adjustments for Federal Programs  27 Projection Period VT Paid Claim Surcharge + NYS HCRA  28 Projection Period Capitation and Non-FFS Medical Costs  29 Paid Index Rate PMPM Prior to Adjustments for Federal Programs	\$2.03 \$0.00 \$1.08 \$0.00 (\$5.84) \$0.46 \$0.79 \$305.97 1.044 1.126 1.052 24 \$318.00 \$3.97 \$8.89	\$0.00 (\$13.48) \$1.08 \$0.00 (\$3.92) \$0.15 \$0.53 \$208.45 1.044 1.126 1.048 24 \$211.54 \$2.64 \$8.89	\$0.00 (\$1.59) \$1.08 \$0.77 (\$7.32) \$0.62 \$0.98 \$379.10 1.044 1.126 1.052 24 \$399.15 \$4.99 \$8.89	\$2.37 \$0.00 \$1.08 \$0.00 (\$6.83) \$0.60 \$0.92 \$355.05 1.044 1.126 1.052 24 \$371.99 \$4.65 \$8.89	\$18.46 \$0.00 \$0.00 \$0.00 \$0.00 \$0.58 \$0.84 \$321.21 1.044 1.126 1.054 24 \$341.76 \$4.27 \$8.89	\$27.12 \$0.00 \$0.00 \$0.00 \$0.00 \$0.62 \$0.91 <b>\$345.89</b> 1.044 1.126 1.054 24 \$371.55 \$4.64 \$8.89	\$8.51 (\$1.38) \$0.72 \$0.27 (\$4.46) \$0.57 \$0.90 \$344.26  1.044 1.126 1.053 24 \$363.27 \$4.54 \$8.89
Federal Reinsurance and Risk Adjustment Programs 30 Projected % Enrolled in Individual Market for 2016 31 Federal Transitional Reinsurance Program Recovery 32 Reduction to Claims for Temporary Reinsurance Program Recoveries 33 Federal Risk Adjustment Program Impact 34 Paid Index Rate PMPM After Adjustments for Federal Programs	100.0% -4.2% (\$13.99) \$0.00	100.0% -4.2% (\$9.43) \$0.00	61.8% -2.6% (\$10.78) \$0.00	0.0% 0.0% \$0.00 \$0.00	0.0% 0.0% \$0.00 \$0.00	100.0% -4.2% (\$16.28) \$0.00	57.7% -2.4% (\$9.20) \$0.00

# Exhibit 4 -- Conversion Factor and Tier Ratios

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

Tier	Contract Type	Subscriber Months	Member Months	Avg Contract Size	Load Factor
4	Single	66,074	66,074	1.000	1.000
4	Double	17,346	34,692	2.000	2.000
4	Parent/Child(ren)	3,906	9,634	2.466	1.930
4	Family	17,382	69,544	4.001	2.810

Single Conversion Factor 1.145

# Exhibit 5 -- Retention Loads, Taxes/Assessments, and Paid Claim Surcharges

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

% of Premium Retention Components							
Broker Load	0.00%						
Bad Debt	0.40%						
GMCB Contribution to Reserves	0.00%						
Total % of Premium Retention Components	0.40%						
PMPM Retention Component	ts						
General Administrative Load	\$35.10						
National Network Fee	\$1.50						
Total % of Premium Retention Components	\$36.60						
% of Premium Taxes and Assess	ments						
Premium Tax	0.00%						
VT Vaccine Pilot	0.60%						
ACA Insurer Tax	2.00%						
Total % of Premium Taxes/Assessments	2.60%						
% of Paid Claim Taxes and Asses	sments						
Vermont Paid Claim Surcharge	0.999%						
New York State HCRA Surcharge	0.250%						
Total % of Paid Claim Taxes/Assessments	1.249%						
PMPM Taxes and Assessmen	nts						
HHS Risk Adjustment User Fee	\$0.15						
Fed Reinsurance Assessment	\$2.25						
Comparative Eff Research Tax	\$0.17						
Total PMPM Taxes/Assessments	\$2.57						

### Exhibit 6 -- 2016 Exchange Premium Rates

MVP Health Plan, Inc. 2016 Vermont Exchange Rate Filing For Effective Dates Beginning Between January 1, 2016 - December 31, 2016

2015 Adjusted Paid Claim Cost (Exhibit 3, Line 34)	\$367.50
Benefit Relativity Reflected in Index Rate	0.701
Induced Demand Reflected in Index Rate	1.047
Adjusted Claim Cost for Pricing	\$500.56

																		Increase	Increase		Increase
				Federal and State	Benefit	Induced			Administrative	% of Premium	PMPM Taxes	Benefits in	Gross					over 2015	over 2015	Increase	over 2015
	Product		Standard/Non-	Combined	Actuarial	Utilization	Net Claim Cost	Bad Debt (% of	Expense	Taxes and	and	Excess of	Claim Cost			Parent/Child(		Single	Double	over 2015	Family
Coplan	Type	Metal Level	Standard	Subsidy	Value	Factor*	PMPM	Premium)	(PMPM)	Assessments	Assessments	EHB's**	PMPM	Single***	Double	ren) `	Family	Rate	Rate	P/C Rate	Rate
FRVT-HMO-P-001-S (2016)	HvHMO	Platinum	Standard	Non-Subsidized	0.907	1.154	\$523.86	\$2.32	\$36.60	\$15.09	\$2.57	\$0.00	\$580.45	\$664.62	\$1,329,24	\$1,282,72	\$1.867.58	2.8%	2.8%	2.8%	2.8%
FRVT-HMO-G-001-S (2016)	HvHMO	Gold	Standard	Non-Subsidized	0.836	1.106	\$462.70	\$2.07	\$36.60	\$13.45	\$2.57	\$0.00	\$517.39	\$592.41	\$1,184.82	\$1,143.35	\$1,664.67	3.4%	3.4%	3.4%	3.4%
FRVT-HMO-G-002-N (2016)	HvHMO	Gold	Non-Standard	Non-Subsidized	0.821	1.097	\$450.81	\$2.02	\$36.60	\$13.14	\$2.57	\$0.07	\$505.21	\$578.47	\$1,156,94	\$1,116.45	\$1.625.50	0.4%	0.4%	0.4%	0.4%
FRVT-HMOH-G-003-N (2016)	HDHMO	Gold	Non-Standard	Non-Subsidized	0.750	1.055	\$395.96	\$1.79	\$36.60	\$11.67	\$2.57	\$0.07	\$448.66	\$513.72	\$1,027.44	\$991.48	\$1,443,55	n/a	n/a	n/a	n/a
FRVT-HMO-S-001-S (2016)	HvHMO	Silver	Standard	Non-Subsidized	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMOH-S-001-S (2016)	HDHMO	Silver	Standard	Non-Subsidized	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	3.2%	3.2%	3.2%	3.2%
FRVT-HMO-S-001-N (2016)	HvHMO	Silver	Non-Standard	Non-Subsidized	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-B-001-S (2016)	HMO	Bronze	Standard	Non-Subsidized	0.590	1.000	\$295.33	\$1.38	\$36.60	\$8.97	\$2.57	\$0.00	\$344.85	\$394.85	\$789.70	\$762.06	\$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMOH-B-001-S (2016)	HDHMO	Bronze	Standard	Non-Subsidized	0.570	0.999	\$285.32	\$1.34	\$36.60	\$8.70	\$2.57	\$0.00	\$334.53	\$383.04	\$766.08	\$739.27	\$1.076.34	-1.8%	-1.8%	-1.8%	-1.8%
FRVT-HMO-B-001-N (2016)	HMO	Bronze	Non-Standard	Non-Subsidized	0.588	1.000	\$294.33	\$1.38	\$36.60	\$8.94	\$2.57	\$0.07	\$343.89	\$393.75	\$787.50	\$759.94	\$1,106.44	1.5%	1.5%	1.5%	1.5%
FRVT-HMO-C-001-S (2016)	HMO	Catastrophic		Non-Subsidized	0.584	0.636	\$185.85	\$0.93	\$36.60	\$6.03	\$2.57	\$0.00	\$231.98	\$265.62	\$531.24	\$512.65	\$746.39	27.3%	27.3%	27.3%	27.3%
FRVT-HMO-S1-001-S (2016)	HvHMO	Silver	Standard	Subsidized (73%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-002-S (2016)	HvHMO	Silver	Standard	Subsidized (87%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-003-S (2016)	HvHMO	Silver	Standard	Subsidized (94%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395.02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-004-S (2016)	HVHMO	Silver	Standard	Subsidized (77%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395,02	2.4%	2.4%	2.4%	2.4%
FRVT-HMO-S1-005-S (2016)	HVHMO	Silver	Standard	Subsidized (79%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395,02	n/a	n/a	n/a	n/a
FRVT-HMO-S1-006-S (2016)	HvHMO	Silver	Standard	Subsidized (83%)	0.730	1.044	\$381.40	\$1.73	\$36.60	\$11.27	\$2.57	\$0.00	\$433.58	\$496.45	\$992.90	\$958.15	\$1,395.02	n/a	n/a	n/a	n/a
FRVT-HMOH-S1-001-S (2016)	HĎHMO	Silver	Standard	Subsidized (73%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-002-S (2016)	HDHMO	Silver	Standard	Subsidized (87%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323.37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-003-S (2016)	HDHMO	Silver	Standard	Subsidized (94%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-004-S (2016)	HDHMO	Silver	Standard	Subsidized (77%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	3.2%	3.2%	3.2%	3.2%
FRVT-HMOH-S1-005-S (2016)	HDHMO	Silver	Standard	Subsidized (79%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	n/a	n/a	n/a	n/a
FRVT-HMOH-S1-006-S (2016)		Silver	Standard	Subsidized (83%)	0.699	1.028	\$359.80	\$1.65	\$36.60	\$10.69	\$2.57	\$0.00	\$411.31	\$470.95	\$941.90	\$908.93	\$1,323,37	n/a	n/a	n/a	n/a
FRVT-HMO-S1-001-N (2016)	HvHMO	Silver	Non-Standard	Subsidized (73%)	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346,95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-002-N (2016)	HvHMO	Silver	Non-Standard	Subsidized (87%)	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346,95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-S1-003-N (2016)	HVHMO	Silver	Non-Standard	Subsidized (94%)	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346,95	4.2%	4.2%	4.2%	4.2%
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FRVT-HMO-S1-006-N (2016)	HVHMO	Silver	Non-Standard	Subsidized (83%)	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346,95	n/a	n/a	n/a	n/a
FRVT-HMO-PA2-001-S (2016)	НуНМО	Platinum	Standard	Al/AN	0.907	1.154	\$523.86	\$2.32	\$36.60	\$15.09	\$2.57	\$0.00	\$580.45	\$664.62	\$1,329.24	\$1,282.72	\$1,867.58	2.8%	2.8%	2.8%	2.8%
FRVT-HMO-GA2-001-S (2016)	HVHMO	Gold	Standard	Al/AN	0.836	1.106	\$462.70	\$2.07	\$36.60	\$13.45	\$2.57	\$0.00	\$517.39	\$592.41	\$1.184.82	\$1,143,35	\$1.664.67	3.4%	3.4%	3.4%	3.4%
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FRVT-HMO-SA2-001-N (2016)	HyHMO	Silver	Non-Standard	Al/AN	0.710	1.032	\$366.84	\$1.67	\$36.60	\$10.88	\$2.57	\$0.07	\$418.64	\$479.34	\$958.68	\$925.13	\$1,346.95	4.2%	4.2%	4.2%	4.2%
FRVT-HMO-BA2-001-S (2016)	нмо	Bronze	Standard	Al/AN	0.590	1.000	\$295.33	\$1.38	\$36.60	\$8.97	\$2.57	\$0.00	\$344.85	\$394.85	\$789.70	\$762.06	\$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMOH-BA2-001-S (2016)		Bronze	Standard	Al/AN	0.570	0.999	\$285.32	\$1.34	\$36.60	\$8.70	\$2.57	\$0.00	\$334.53	\$383.04	\$766.08	\$739.27	\$1,076.34	-1.8%	-1.8%	-1.8%	-1.8%
FRVT-HMO-BA2-001-N (2016)	HMO	Bronze	Non-Standard	Al/AN	0.588	1.000	\$294.33	\$1.38	\$36.60	\$8.94	\$2.57	\$0.07	\$343.89	\$393.75	\$787.50	\$759.94	\$1,106.44	1.5%	1.5%	1.5%	1.5%
FRVT-HMO-BA1-001-S (2016)	HMO	Bronze	Standard	AI/AN, Subsidized	0.590	1.000	\$295.33	\$1.38	\$36.60	\$8.97	\$2.57	\$0.00	\$344.85	\$394.85	\$789.70	\$762.06	\$1,109.53	3.3%	3.3%	3.3%	3.3%
FRVT-HMO-BA1-001-N (2016)	HMO	Bronze	Non-Standard	Al/AN, Subsidized	0.588	1.000	\$294.33	\$1.38	\$36.60	\$8.94	\$2.57	\$0.07	\$343.89	\$393.75	\$787.50	\$759.94	\$1,106.44	1.5%	1.5%	1.5%	1.5%
(==++)				,			•		•	• • •	• •	•		, <del>-</del>							

<sup>\*</sup>The Induced Utilization Factor for the Catastrophic Plan includes an additional adjustment to reflect the population eligible to purchase the coplan. Support for this factor can be found in the Actuarial Memorandum.

\*\*Reflects cost of Member Wellness Incentive Rider, Form FRVT-301

\*\*\*Child Only Rate = Single Rate

User Inputs for Plan Parameters		ronze - Adjusted								
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			rrow Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Emp	oloyer Contribution?			twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contr	ibution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	_				2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier										
		1 Plan Benefit D				r 2 Plan Benefit D				
5 J /A	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$300.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
OOP Maximum (\$)		0.00	ć0.00							
OOP Maximum if Separate (\$)			\$0.00							
Click Here for Important Instructions		Ti	er 1			Ti	er 2		Tier 1	Tier 2
Check Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Conou if	TICL I	TICI Z
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	Copay, if separate	Copay applies only	, after deductil
Medical			different	зератате			umerent	зерагасе	_	
Emergency Room Services	✓ All	✓ All			✓ All	✓ All				□ All
All Inpatient Hospital Services (inc. MHSA)	<b>▽</b>				<b>▽</b>	<u> </u>				
All impatient nospital services (inc. ivinsa)	<u> </u>	<b>V</b>			<b>V</b>	<b>✓</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	✓			\$40.00	✓	<b>v</b>			v	
Specialist Visit				\$100.00						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient	<b>V</b>			\$100.00					<b>V</b>	
Services	<b></b> ✓			\$40.00	<b></b> ✓	<b>✓</b>			v	
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	<b>▽</b>	<b>V</b>			<u> </u>	<u> </u>				
nerrasinative speech merapy	<u> </u>									
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	V			✓	✓				
Preventive Care/Screening/Immunization	_	_	100%	\$0.00	_	_	100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	φοιοσ			20070	ψο.σσ		_
X-rays and Diagnostic Imaging	<b>□</b>				<u> </u>					
Skilled Nursing Facility					<b>V</b>					
	<b>√</b>				<u> </u>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V			✓	✓				
Outpatient Surgery Physician/Surgical Services										
Drugs	<b></b> ✓	<del>-</del>								
Generics	<u> </u>	— ☑ <del>All</del>		\$16.00	✓ All	✓ All				
Preferred Brand Drugs	<u> </u>			\$90.00	<u> </u>	<u> </u>			<b>V</b>	
Non-Preferred Brand Drugs	<u> </u>			·	✓	<u> </u>			<b>V</b>	
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>			V					
Options for Additional Benefit Design Limits:	· ·					✓				
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$20.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$3.00						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	1		Facility							
# Visits (1-10):			Surgery							
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Status/Error Messages:	Calculation Successf	ul.								
Actuarial Value:	59.08%	1.01	3 59.85%							
Metal Tier:	Bronze	AV Adjustmen								
··· <del>···</del> ·	5		IIIMIAV							

User Inputs for Plan Parameters		Catastrophic	2016							
Use Integrated Medical and Drug Deductible?	☑		HSA/HRA Options		Nar	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?			work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Bronze 🔻									
		r 1 Plan Benefit De	esign			2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$6,850.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$6,850.00							
OOP Maximum if Separate (\$)			\$0.00							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	. III. Ali	□ All		<u> </u>	✓ All	✓All			ПАІІ	□ All
Emergency Room Services	VLAII. ✓	П			V A	- V All			П	П
All Inpatient Hospital Services (inc. MHSA)	V	П								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<u> </u>					<u>.</u>				
Specialist Visit										
Mental/Behavioral Health and Substance Abuse Disorder Outpatient					v v					
Services	<b></b> ✓				✓	<b></b>				
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	V				<b>V</b>					
nerrabilitative speech interapy					<b>V</b>					
Rehabilitative Occupational and Rehabilitative Physical Therapy	V				✓	<b></b> ✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	φοισσ			10070	Ψ0.00	_	
X-rays and Diagnostic Imaging					<u> </u>	<b></b> -✓				
Skilled Nursing Facility					<b>V</b>					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<b>─</b>				<b>V</b>	<u> </u>				
outpatient racinty ree (e.g., Ambulatory Surgery Center)	<b>V</b>				✓	✓				
Outpatient Surgery Physician/Surgical Services	<b>V</b>				✓	<u> </u>				
Drugs	— <del>□ All</del>	ПАН				✓ All			ПАН	
Generics						_			$\overline{}$	
Preferred Brand Drugs	_ 								$\overline{}$	
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)										
Options for Additional Benefit Design Limits:		<u>-</u>								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic							
Set a Maximum Number of Days for Charging an IP Copay?			VBID							
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П		Facility							
# Visits (1-10):		4	Surgery							
Begin Primary Care Deductible/Coinsurance After a Set Number of	[7]	1								
Copays?		1								
# Copays (1-10):	3	J								
Output										

Calculation Successful.

61.60%

Bronze

Status/Error Messages:

Actuarial Value:

User Inputs for Plan Parameters		Gold - V2	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	oyer Contribution?		Blended Net	work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st	Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Allitual Collitio	dition Amount.		2nd	l Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Gold <b>▼</b>			_						
	Tie	r 1 Plan Benefit Des	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$650.00	\$200.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	50.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$5,550.00	\$1,300.00	\$6,850.00							
			_				_			
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
··	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		
Medical	✓ All	ΠAII			✓ All	✓ All			√LAII	□ All
Emergency Room Services	✓	П		\$200.00	✓	✓			V	
All Inpatient Hospital Services (inc. MHSA)	<b>V</b>	V	· ·		✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00						
	Ш			¢20.00	✓	<b>V</b>				
Specialist Visit			·	\$30.00	✓					
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$10.00	✓	<b></b> ✓				
Services				\$400.00						
Imaging (CT/PET Scans, MRIs)	<b>V</b>			\$400.00	<b>✓</b>	✓			V	
Rehabilitative Speech Therapy				\$30.00	✓				<b>V</b>	
Debabilitative Occupational and Debabilitative Dhysical Therapy	✓			\$30.00	✓	✓			<b>□</b>	
Rehabilitative Occupational and Rehabilitative Physical Therapy			1000/	¢0.00			1000/	Ć0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	\$0.00 \$30.00			100%	\$0.00		
	<b>▽</b>			· · · · · · · · · · · · · · · · · · ·		✓			✓	
X-rays and Diagnostic Imaging				\$50.00	✓				✓	
Skilled Nursing Facility	<u> </u>				✓					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	89.26%		✓	✓				
Outpatient Surgery Physician/Surgical Services			80.09%							
Drugs			80.0970							
Generics	✓ <del>All</del>	✓ <del>All</del>		\$4.00	<u> </u>	✓ <del>All</del>				
Preferred Brand Drugs				\$40.00	✓	<b>V</b>				
Non-Preferred Brand Drugs	<u> </u>			Ş40.00	<u> </u>	<u> </u>			V	
Specialty Drugs (i.e. high-cost)	<u> </u>					<u> </u>				
Options for Additional Benefit Design Limits:	✓	✓			✓	✓				
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$5.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$1.00						
# Days (1-10):			VBID	71.00						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility	\$400.00						
# Visits (1-10):			Surgery	\$200.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of			- 3. 90. )	Ç200.00						
Copays?										
# Copays (1-10):										
Output		ı								
•										
Status/Error Messages:	Calculation Success	sful.								
	78.05%									

Gold

User Inputs for Plan Parameters	·	Silver - V2	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			rrow Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution?			twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	l.				2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	_	. 1 Dlan Banafit Da		ı	T:	. 2 Dlaw Dawasit D				
		r 1 Plan Benefit De				r 2 Plan Benefit D	Combined			
Deductible (\$)	\$2,000.00	<b>Drug</b> \$250.00	Combined		Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)	50.00%	50.00%								
OOP Maximum (\$)		30.00%								
OOP Maximum if Separate (\$)		\$1,300.00	\$6,850.00							
(7)	+=/=====	+=/555555	_ +-,	L		<u>I</u>				
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Time of Daniella	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	copay applies only	arter deductible
Medical	☑ All	□ All			✓ All	✓ All			ПАІ	ПАІІ
Emergency Room Services	Ø	П		\$250.00	V	V			V	
All Inpatient Hospital Services (inc. MHSA)	V	<b>V</b>			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$20.00	V	<b>V</b>				
Specialist Visit	<b>V</b>	П		\$60.00	<b></b> ✓				[7]	П
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				420.00					Ů	
Services				\$20.00	<b>✓</b>	V				
Imaging (CT/PET Scans, MRIs)	М	П		\$650.00	<b>V</b>	V			Ø	П
Rehabilitative Speech Therapy	[7]			\$60.00						
		_		\$60.00		_				
Rehabilitative Occupational and Rehabilitative Physical Therapy	☑ □				<b>✓</b>	<b>V</b>		44.44	Ø	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V			\$60.00					<b>V</b>	
X-rays and Diagnostic Imaging	<u> </u>			\$100.00					<b>V</b>	
Skilled Nursing Facility	V									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V	62.40%		V	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	V	<u> </u>	40.27%		V	V				
Drugs	✓ All	✓ All			<u> </u>	✓ All				
Generics	<u> </u>			\$12.00	<u> </u>	v v			V V	
Preferred Brand Drugs	_ 			\$50.00						
Non-Preferred Brand Drugs										
Specialty Drugs (i.e. high-cost)	<u> </u>								L	
Options for Additional Benefit Design Limits:		1								
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Generic	\$15.00	15					
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$3.00	13					
# Days (1-10):			VDID	\$5.00						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility	\$1,400.00						
# Visits (1-10):			Surgery	\$600.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of			ou.go.y	φοσοισσ						
Copays?										
# Copays (1-10):										
Output		ı								
Status/Error Messages:	Calculation Success	sful.								
Actuarial Value:	68.88%									
Metal Tier:	Silver									

User Inputs for Plan Parameters		Silver 73 adjusted	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Naı	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Allitual Colletti	dution Amount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?	<u> </u>	•					<u>.                                      </u>			
Desired Metal Tier	Silver 🔻			_						
	Tie	er 1 Plan Benefit Des	sign		Tie	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$700.00	\$200.00								
Coinsurance (%, Insurer's Cost Share)	60.00%	50.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$4,250.00	\$1,200.00	\$5,450.00							
				•						
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only	after deductible?
Medical			unierent	separate			unierent	separate		<b></b>
Emergency Room Services	✓ AII	All		\$150.00	✓ All	✓ All			ПАІ	
All Inpatient Hospital Services (inc. MHSA)	<u> </u>			\$130.00	<u> </u>				<u> </u>	
All impatient mospital services (inc. winsa)	<u> </u>	<u> </u>			<u> </u>	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	<b></b> ✓	<b>V</b>				
Specialist Visit		П		\$50.00	<b>V</b>	<b>V</b>			<b>V</b>	П
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				Ć40.00						
Services				\$10.00	V	V				
Imaging (CT/PET Scans, MRIs)	V	П		\$650.00	V	V			N	П
Rehabilitative Speech Therapy				\$50.00						
Rehabilitative Occupational and Rehabilitative Physical Therapy	<b>□</b>			\$50.00	<b>□</b>	<u>.</u>				
Preventive Care/Screening/Immunization	_	_	100%	\$0.00			100%	\$0.00	_	
Laboratory Outpatient and Professional Services			100%	\$50.00			100%	\$0.00		
X-rays and Diagnostic Imaging				\$100.00					✓	
Skilled Nursing Facility				\$100.00					<u> </u>	
Skilled Natisting Lacility	V	<u> </u>				V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V	78.52%		V	<b></b> ✓				
Outpatient Surgery Physician/Surgical Services	<b>7</b>	<b>7</b>	60.18%		V	<b>V</b>				
Drugs	— <del> </del>								ПА	
Generics				\$10.00					□ 7···	
Preferred Brand Drugs				\$40.00						
Non-Preferred Brand Drugs	——————————————————————————————————————								<u> </u>	
Specialty Drugs (i.e. high-cost)										
Options for Additional Benefit Design Limits:					_				ь	
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$12.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$3.00						
# Days (1-10):		1	E 200	4000.00						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility	\$800.00						
# Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of		1	Surgery	\$400.00						
Segin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10): Output		J								
output										
Charles / Farrage N. Accessors	CCD    -f 720/ /	200 2500/ FDL\ C-I-	lasta.a Caaaasl							

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.

Actuarial Value: 73.98% Metal Tier: Silver

Jser Inputs for Plan Parameters		Silver 77 adjusted	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Na	row Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Ne	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Aimai contri	dation Amount.		2nd	l Tier Utilization:				
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Gold ▼									
	Tie	er 1 Plan Benefit De	sign		Tie	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$300.00	\$100.00								
Coinsurance (%, Insurer's Cost Share)	70.00%	60.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$4,250.00	\$1,200.00	\$5,450.00	Ĺ			]			
Click Here for Important Instructions		Tie	r 1			Ti	ier 2		Tier 1	Tier 2
Time of Paradit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies only	after deductible?
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	arter deductible:
Medical	☑ All	□ All				✓ All			ПАІ	□ All
mergency Room Services	<u> </u>	П	_	\$100.00	V	<b>V</b>			<b>∀</b>	
All Inpatient Hospital Services (inc. MHSA)	<b></b>	<b>V</b>			<b>V</b>	V			П	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00						
pecialist Visit				\$40.00	V					П
Mental/Behavioral Health and Substance Abuse Disorder Outpatient	V					<u> </u>			✓	
ervices				\$10.00	✓	<b>V</b>				
maging (CT/PET Scans, MRIs)	[J]	П		\$300.00	<b>V</b>	V			V	П
Rehabilitative Speech Therapy			•	\$40.00	V	V				
	V	_		440.00	_	_				_
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$40.00	✓	✓			☑	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services				\$40.00					V	П
(-rays and Diagnostic Imaging				\$100.00					[7]	
killed Nursing Facility						V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<u> </u>		89.26%		v	v				
	N.		00.000/		<u> </u>					
Outpatient Surgery Physician/Surgical Services	<u> </u>	<u> </u>	80.09%		✓	<u> </u>				
Drugs	— ✓ All	✓ <del>All</del>		¢10.00	<u> </u>	<u> </u>				
Generics Preferred Brand Drugs				\$10.00 \$40.00	✓				<u> </u>	
Non-Preferred Brand Drugs	<u> </u>			340.00	<b>✓</b>	<u> </u>			<u> </u>	
pecialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>			✓	<u> </u>			0	
Options for Additional Benefit Design Limits:	<u> </u>	✓			✓	✓				
Set a Maximum on Specialty Rx Coinsurance Payments?		7								
Specialty Rx Coinsurance Maximum:			Generic	\$12.00						
Set a Maximum Number of Days for Charging an IP Copay?		-	VBID	\$3.00						
# Days (1-10):			VDID	\$3.00						
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Facility	\$400.00						
# Visits (1-10):			Surgery	\$200.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of		1	- 3. 90. )	Ç200.00						
Copays?										
# Copays (1-10):										
Output " COPAYS (1 10).		_								
•										

Status/Error Messages: Actuarial Value:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

Metal Tier:

77.90%

User Inputs for Plan Parameters		Silver 79	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?			work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	7 miliaur commit	oution / unount.		2nd	Tier Utilization:				
Indicate if Plan Meets CSR Standard?	V									
Desired Metal Tier	_			-						
		er 1 Plan Benefit De		-		2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$200.00	\$50.00								
Coinsurance (%, Insurer's Cost Share)	80.00%	60.00%								
OOP Maximum (\$)		1	4	Į.		1				
OOP Maximum if Separate (\$)	\$4,250.00	\$1,200.00	\$5,450.00	_			]			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
- (- (-	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Canananaliaa ank	after deducatible:
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	atter deductible
Medical	☑ All	□ All			✓ All	☑ All			ΠAII	ПА
Emergency Room Services	<u> </u>			\$100.00	· / /	V			V	
All Inpatient Hospital Services (inc. MHSA)		V			V					
				¢40.00		<u>.</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	V	✓				
Specialist Visit	<b>V</b>			\$40.00	<b>V</b>	<b>V</b>			<b>7</b>	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$10.00						
Services					<b></b> ✓	<b>V</b>				
Imaging (CT/PET Scans, MRIs)	<b>V</b>			\$300.00	V	<b>V</b>			V	
Rehabilitative Speech Therapy				\$40.00					✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	V			\$40.00	<b>✓</b>	<b>V</b>			v	
Preventive Care/Screening/Immunization	_		100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	\$40.00			10070	ψο.σσ		
X-rays and Diagnostic Imaging				\$100.00					<u> </u>	
Skilled Nursing Facility				7					Ø	
•		V			✓	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	v	V	89.26%		☑	✓				
Outpatient Surgery Physician/Surgical Services	ӣ	[7]	80.09%		<b>V</b>	V				
Drugs		V All			V				ПА	
Generics	——			\$10.00	<u> </u>					
Preferred Brand Drugs				\$40.00					7	
Non-Preferred Brand Drugs	<u></u> ∇	<u> </u>			✓ ✓	✓				
Specialty Drugs (i.e. high-cost)		₩				•				
Options for Additional Benefit Design Limits:	V				<u>v</u>	v			Ц	
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$12.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$3.00						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П		Facility	\$400.00						
# Visits (1-10):			Surgery	\$200.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	ш									
# Copays (1-10):										
Output										

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

79.63%

Actuarial Value:

Jser Inputs for Plan Parameters		Silver 83	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nar	rrow Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	<b>V</b>	Ailitual Collitiis	dution Amount.		2nd	l Tier Utilization:				
Indicate if Plan Meets CSR Standard?	<u> </u>									
Desired Metal Tier	Gold ▼			_						
		er 1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$100.00	\$50.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%								
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$4,250.00	\$1,200.00	\$5,450.00							
Click Here for Important Instructions		Tie	r 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		of an alast artists
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical	☑ All	□ All			✓ All	✓ All			ПАІІ	□ All
mergency Room Services				\$100.00	✓	V			V	
All Inpatient Hospital Services (inc. MHSA)	. ·	<b>V</b>			<b></b> ✓	<b>V</b>				
Aires Converte Test and in all the Breath and Vision				¢10.00						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	V	✓				
pecialist Visit	<b>V</b>			\$40.00	V	<b>V</b>			V	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$10.00						
ervices					<b>V</b>	✓				
maging (CT/PET Scans, MRIs)	V			\$150.00	V	✓			V	
Rehabilitative Speech Therapy	<u> </u>			\$40.00		<b>✓</b>			<b>V</b>	
Johan Historica Occupational and Robabilitative Physical Therapy	<b></b> ✓			\$40.00	✓	<b>✓</b>			<b></b> ✓	_
Rehabilitative Occupational and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization	_		100%	\$0.00		<del>_</del>	1000/	\$0.00	_	
aboratory Outpatient and Professional Services			100%	\$40.00			100%	\$0.00		
(-rays and Diagnostic Imaging				\$40.00		✓			✓	
killed Nursing Facility				\$40.00	<u> </u>	<u> </u>			<b>V</b>	
ikined ivursing racinty	<u> </u>	<u> </u>								
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<b></b> ✓	V	89.26%		<b></b> ✓	✓				
Outpatient Surgery Physician/Surgical Services			80.09%							
Drugs	]	_	5511571			_			- · · ·	
Generics	— <del>□ All</del>	☑ <del>All</del>		\$10.00	— ✓ <del>All</del>	✓ <del>All</del>				——————————————————————————————————————
Preferred Brand Drugs				\$40.00		<u> </u>			<u> </u>	
Non-Preferred Brand Drugs	<u> </u>					<u> </u>			<u> </u>	
pecialty Drugs (i.e. high-cost)		<u> </u>				<u> </u>				
Options for Additional Benefit Design Limits:	✓	V			✓	✓				
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$12.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$3.00						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility	\$400.00						
# Visits (1-10):		_	Surgery	\$200.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of	_									
Copays?										
# Copays (1-10):		_								
Dutput										

Status/Error Messages:

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

82.89%

Actuarial Value:

User Inputs for Plan Parameters		Silver 87	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nai	rrow Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emp	loyer Contribution?		Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Americal Combail	htia.a. A.aaaat.		1s <sup>1</sup>	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	$\checkmark$	Annual Contril	bution Amount:		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Gold ▼			_						
	Tie	er 1 Plan Benefit De	esign		Tie	r 2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$60.00	\$50.00								
Coinsurance (%, Insurer's Cost Share)	90.00%	60.00%		_						
OOP Maximum (\$)										
OOP Maximum if Separate (\$)	\$1,800.00	\$450.00	\$2,250.00							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical			<u></u>	Separate			4	эерилисе	п.,	
Emergency Room Services	<u> </u>	<u>Паі</u>		\$100.00	✓ All	✓ All			ПАІ	
All Inpatient Hospital Services (inc. MHSA)		I		ψ100.00	<b>V</b>	<b>V</b>				
	<u> </u>	_		\$5.00	<b>▽</b>					
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				·	✓	V				
Specialist Visit				\$30.00	<b>✓</b>	<b>V</b>			7	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$5.00						
Services				·	✓	✓				
Imaging (CT/PET Scans, MRIs)	<u> </u>			\$100.00	V	<b>▽</b>			V	
Rehabilitative Speech Therapy				\$30.00	<b>V</b>	<b>V</b>			V	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<b></b> ✓			\$30.00	V	V			v	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$30.00					V	
X-rays and Diagnostic Imaging		П		\$30.00					7	
Skilled Nursing Facility						V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<u> </u>	<u> </u>	97.31%		<u>.</u>	<u>.</u>				
Outpatient Surgery Physician/Surgical Services			92.53%			_				
Drugs		<u> </u>	32.33%		✓	V				
Generics	— <del>□ All</del>	✓ All		\$8.00	<del> </del>	<u> </u>			□ All	
Preferred Brand Drugs				\$25.00	✓	<u> </u>			<b></b>	
Non-Preferred Brand Drugs	<u> </u>			·		<b>√</b>			<u> </u>	
Specialty Drugs (i.e. high-cost)	<b></b> ✓	V			✓	V				
Options for Additional Benefit Design Limits:	✓	<u> </u>		•		✓				
Set a Maximum on Specialty Rx Coinsurance Payments?	_	7								
Specialty Rx Coinsurance Maximum:			Generic	\$10.00						
Set a Maximum Number of Days for Charging an IP Copay?	_	1	VBID	\$3.00						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	_	7	Facility	\$100.00						
# Visits (1-10):		_	Surgery	\$75.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	⊔									
# Copays (1-10):		_								
Output										
		,								

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value: 87.82% Metal Tier: Gold

User Inputs for Plan Parameters		Silver 94	2016							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Nai	rrow Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Empl	oyer Contribution?		Blended Ne	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1s <sup>-</sup>	t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?	✓	Allitual Colletti	dition Amount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier	_									
	Tie	er 1 Plan Benefit De	sign		Tie	r 2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		\$0.00								
Coinsurance (%, Insurer's Cost Share)	95.00%	90.00%								
OOP Maximum (\$)		1								
OOP Maximum if Separate (\$)	\$1,800.00	\$450.00	\$2,250.00							
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible
Medical			4	ocpu.u.c				эерилисе	E 411	
Emergency Room Services	□ All	<u>П</u> АІІ		\$50.00	V All	✓ All			ПАШ	
All Inpatient Hospital Services (inc. MHSA)				<b>\$50.00</b>						
All impatient hospital services (inc. Winsa)		<b>▽</b>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$5.00	✓	✓				
Specialist Visit		П		\$10.00	V	<b>V</b>			П	П
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				ć= 00	<u> </u>	V				
Services				\$5.00	✓	<b>V</b>				
Imaging (CT/PET Scans, MRIs)	П	П		\$50.00	V	<b>V</b>			П	П
Rehabilitative Speech Therapy				\$10.00						П
	_	_		\$10.00						
Rehabilitative Occupational and Rehabilitative Physical Therapy				\$10.00	V	<b>V</b>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00						
X-rays and Diagnostic Imaging				\$10.00						
Skilled Nursing Facility					✓					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		_ _	98.66%		_ <b></b> ✓	_ _				
Outpatient Surgery Physician/Surgical Services			97.51%		V	V				
Drugs	TAIL					V All			ПАШ	ПА
Generics				\$4.00	V //	V A				
Preferred Brand Drugs				\$10.00	V					
Non-Preferred Brand Drugs						<u> </u>			<u> </u>	
Specialty Drugs (i.e. high-cost)		<u> </u>								
Options for Additional Benefit Design Limits:	L				<u>V</u>	<u>V</u>			Ш	
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic	\$5.00						
Set a Maximum Number of Days for Charging an IP Copay?			VBID	\$1.00						
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility	\$50.00						
# Visits (1-10):		_	Surgery	\$25.00						
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	⊔									
# Copays (1-10):		_								
Output										
Status/Error Massagas	CCD Lovel of 0404	(100 1E09/ EDL) C-1-	oulation Correct!							
Status/Error Messages:	CSR Level Of 94%	(100-150% FPL), Cald	uiation successful.							

94.88%

Platinum

Actuarial Value:

Use Integrated Medical and Drug Deductible?	ole? ☑ HSA/HRA Options Narrow Network				row Network O	otions				
Apply Inpatient Copay per Day?		HSA/HRA Empl	loyer Contribution?		Blended Net	twork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:			t Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		7 tilliaar contrik	oation / infount.		2nd	d Tier Utilization:				
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier										
		er 1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$2,400.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$2,400.00							
OOP Maximum if Separate (\$)			\$0.00				J			
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	Copay applies only	after deductible?
Medical	☑ All	□ All		<u> </u>	✓ All	✓ All			ΠAII	ПА
Emergency Room Services	V				V	V				П
All Inpatient Hospital Services (inc. MHSA)						V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<u> </u>				✓	<u> </u>				
Specialist Visit									п	
Mental/Behavioral Health and Substance Abuse Disorder Outpatient		L			V	V				
Services	V				<b></b> ✓	<b>V</b>				
Imaging (CT/PET Scans, MRIs)	V	П			V	<b>V</b>			П	П
Rehabilitative Speech Therapy					<u>.</u>					
		_				_				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V				✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services										
X-rays and Diagnostic Imaging										
Skilled Nursing Facility					_					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<u> </u>				<b>✓</b>	<b>.</b>				
Outpatient Surgery Physician/Surgical Services		П			V	<b>V</b>				
Drugs					Z All	V All			ПА	
Generics					V	V				
Preferred Brand Drugs	<u> </u>				<u></u>					
Non-Preferred Brand Drugs	——✓				<u> </u>	<u> </u>			<u> </u>	
Specialty Drugs (i.e. high-cost)	——————————————————————————————————————								<u> </u>	
Options for Additional Benefit Design Limits:		-								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:			Generic							
Set a Maximum Number of Days for Charging an IP Copay?			VBID							
# Days (1-10):			= ""							
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Facility							
# Visits (1-10):	_	-	Surgery							
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	П									
• •										
# Copays (1-10): Output		J								
Output										
Status/Error Messages:	Error: Result is out	tside of +/- 2 percer	nt de minimis variatio	on.						

1.005 78.26%

AV Adjustment Final AV

2016

Gold HDHP

77.87%

**User Inputs for Plan Parameters** 

Actuarial Value:



BOSTON · CLEARWATER · DENVER · LOUISVILLE · MINNEAPOLIS

March 23, 2015

Mr. Dana Houlihan Director, Enrollment Policy & Plan Management VT Health Connect Department of Vermont Health Access Via Email Only

#### RE: State of Vermont Actuarial Value Certification for 2016 Standard Plan Designs

Dear Dana:

The Affordable Care Act requires that health care coverage provided by issuers to non-grandfathered individual and small groups must cover all Essential Health Benefits (EHBs) and have Actuarial Values (AVs) that fall under the Platinum (90% AV), Gold (80% AV), Silver (70% AV) or Bronze (60% AV) tiers. The ACA allows for a 2% de minimis range around these target AVs. For example, any plan design that has an AV from 68-72%, would be considered a Silver plan. The Center for Consumer Information and Insurance Oversight (CCIIO) recently released the final 2016 Actuarial Value Calculator (AVC)<sup>1</sup> that issuers must use to determine the AV of a plan. While CCIIO anticipates that most plans will be able to use the AVC without modification, some plan designs will have features which are not supported by the AVC. In these instances, an actuary can either modify the inputs to most closely represent the plan design or an actuary can modify the results of the AVC to account for the features not supported by the AVC. An actuarial certification documenting the development of the AV for these plan designs is required.

The State of Vermont (State) is standardizing several plan designs that all issuers offering plans in the exchange, Vermont Health Connect, must offer. Issuers must offer the standard plan designs in the individual and small group merged market. One Platinum, one Gold, two Silver and two Bronze standard plan designs were developed for Vermont Health Connect. There is a traditional deductible plan at each of the four metal levels and a High Deductible Health Plan (HDHP) at each of the Silver and Bronze levels. For each of the Silver standard plan designs, the cost sharing reduction plan designs are also standard. Cost sharing reduction plan (CSR) designs were developed at each of the 73% (federal), 77% (Vermont specific), 79% (Proposed, Vermont specific), 83% (Proposed, Vermont specific), 87% (federal) and 94% (federal) AV levels. The actual AVs and the corresponding FPLs for Vermont's CSR plans will not be final until after the state legislative session, likely in May. The State is requesting issuers file all potential CSR variations (six in total), including the two new proposed AV levels (79% and 83%).

The federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2016. The 2015 minimum single deductible and MOOP are \$1,300 and \$6,450, respectively. The deductible increases \$50 every two to three years and the MOOP increases around \$100 a year on average. Should the plan designs need to change once these limits are released or as a result of the state legislative session regarding the CSR plans, the Department of Vermont Health Access (DVHA) will present the updated designs to Green Mountain Care Board (GMCB) for their information and approval, if needed.

<sup>&</sup>lt;sup>1</sup> http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html

The State contracted with Wakely Consulting Group, Inc. (Wakely) to assist in the development of the standard plan designs. A list of the changes from the 2015 standard plan designs is in Appendix B. At a high level the changes for each base standard plan are:

- Platinum no changes
- Gold no changes
- Silver Deductible changes made to the medical deductible, drug deductible, medical MOOP, and specialist, generic drug, and preferred brand drug copays
- Bronze Deductible changes made to the medical deductible, drug deductible, medical MOOP, and specialist copay
- Silver HDHP changes made to the medical deductible, medical MOOP, and general coinsurance
- Bronze HDHP changes made to the medical deductible and medical MOOP

For the Silver and Bronze HDHP plans, there are also now two options from which the issuers may choose one at each level. The 2016 regulations<sup>2</sup> require that all individuals, even those in non-self only contracts, have an out of pocket limit no more than the single limit (\$6,850 in 2016). This impacts HDHPs where the aggregate MOOP application could require an individual to have out of pocket costs higher than the individual limit. Compliance with the new regulation can be done by adjusting the family MOOP in two ways. The first option has an aggregate family medical MOOP with an embedded \$6,850 individual maximum. The second option has a stacked family medical MOOP. Both options comply with the new federal regulations on individual maximum out of pocket costs. Since the first option has operational challenges, the issuers are allowed to choose one from either Option for the HDHP standard plans.

In addition to the standard plans, the State of Vermont is also requesting that issuers offer a Gold plan where the deductible and MOOP are set at the same amount. This means that once the deductible is met, the plan pays 100% of all services. Unlike the standard plans, it is not required that issuers offer this plan, but it is highly recommended. The issuer may determine the amount at which to set the deductible and MOOP, as long as they are equal and the resulting plan falls in the Gold tier. An example of this plan design is in Appendix C.

Three of the standard plan designs (and the HDHP cost sharing reduction plan designs) have features not supported by the AVC and thus an actuarial certification is required. The remaining standard plan designs and their corresponding CSR plans have features that may warrant an AV adjustment but no explicit adjustment or actuarial certification has been done for these plans. In developing these standard plan designs and the resulting actuarial certification, Wakely also followed applicable Actuarial Standards of Practice (ASOP) as detailed in Appendix D and including:

- ASOP No. 23 Data Quality;
- ASOP No. 25 Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage; and
- ASOP No. 41 Actuarial Communications.

## **EXECUTIVE SUMMARY**

A summary of Vermont's standard plan designs is in Appendix E. The Silver HDHP and both Bronze plans have design features that are both significant and not supported by the AVC. The Silver HDHP cost sharing reduction plan designs have similar features. The issuers that opt to offer pediatric dental would also have design features that could be significant and not supported by the AVC. While most plans have some

<sup>&</sup>lt;sup>2</sup> http://www.gpo.gov/fdsys/pkg/FR-2015-02-27/pdf/2015-03751.pdf



subtleties in their design that are not supported by the AVC, CCIIO has stated and regulations dictate that modifications should be made only for substantial differences. The four potential substantial differences that Wakely considered include:

- 1. Family deductible and Maximum Out of Pockets (MOOPs). There are two common types of applications for deductibles and MOOPs, commonly referred to in Vermont as stacked and aggregate<sup>3</sup>. The data supporting the AVC is only at the member level, and thus most closely resembles the stacked application of deductibles and MOOPs. Most HDHP plans use the aggregate application of deductible and MOOPs which can significantly lower the AV since a family of two would need to accumulate to a deductible that is twice that of a single contract. Note that due to the new regulation if the family MOOP is more than the single limit of \$6,850, the MOOP must either be stacked or there must be an embedded individual MOOP of \$6,850. Wakely had previously developed a model to account for aggregate family deductibles and has modified this model to account for stacked and embedded MOOPs for HDHPs. Thus, a specific adjustment has been made to the appropriate AVs for HDHPs.
- 2. Vermont implemented a statute (H.559 Sec. 32. 8 V.S.A. § 4089) for prescription drug deductibles and MOOPs. The requirement mandates, in part, that the MOOP for prescription drug costs in any plan design shall not exceed the minimum deductible amount for HDHPs per Section 223(c)(2)(A)(i) of the Internal Revenue Code of 1986 (\$1,300 and \$2,600 for individual and family coverage in 2015; 2016 amounts are not yet known). The requirement also states that for HDHPs the cost sharing benefit for prescription drugs must start after the minimum deductible amount for HDHPs (same \$1,300 and \$2,600 for individuals and family coverage) is met, but the amount may be met with either medical or prescription drug claims. This means that for all HDHPs, for purposes of prescription drug coverage, the deductible is considered met when accumulated medical and drug claims reach \$1,300 for individual or \$2,600 for family, regardless of what the medical deductible amount is. Similarly, the MOOP for only drug claims (including amounts used to accumulate to the deductible) is \$1,300 or \$2,600, regardless of the amount of the overall MOOP which will include both drug and medical claims.

Since for an integrated deductible and MOOP, only one amount is able to be input in the AVC, the value of the lower drug deductible and MOOP cannot be modeled in the AVC. This statute has a significant impact on AV, particularly at the lower AV tiers where the difference between the medical and prescription drug deductible and MOOP is greater. Wakely had previously developed a model to account for Vermont's prescription drug regulation and thus, where appropriate, a specific adjustment has been made to the AVs using this model.

Aggregate deductible and MOOPs are typical in HDHPs where all claims for all members of a non-single contract accumulate to the family deductible and MOOP. For two person or family contracts where only one member has significant claims, the member still must reach the higher deductible and MOOP amounts which makes the average member liability higher under an aggregate deductible.



<sup>&</sup>lt;sup>3</sup> Stacked deductibles and MOOPs are typical in traditional deductible plans where the individual deductible and MOOP apply to each member of a contract and the family deductible and MOOP is used as a protection for contracts where multiple members have claims. For example, if the family MOOP is two times the individual MOOP but three members of a contract all would have reached their individual MOOP, it limits the family's liability to two times the individual MOOP.

- 3. In the current market, most Vermont HDHPs waive the deductible for preventive prescription drugs. This is another plan feature not currently supported by the AVC. Wakely has not analyzed the exact portion of drugs this represents and this may vary by issuer. The impact to AV would only apply to drug costs that would normally be incurred prior to the member reaching the deductible. Any costs after the deductible is met and after the MOOP is met would be similar to the AVC. It is possible that this design feature could have a significant impact on the AV. However the impact of this benefit is likely not enough to warrant an additional analysis. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5% with the likely expected impact to be half of that. Since Wakely did not quantify the exact adjustment of the preventive drug difference for HDHPs, Wakely did not make a specific adjustment but did make sure that any AVs developed for HDHPs were at least 0.5% below the high end of the de minimis range in order to account for this increased benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).
- 4. If a plan covers pediatric dental, starting in 2015 there can be no cost sharing for Class I (basic) pediatric oral health essential health benefits. Appendix F contains a list of the dental procedure codes that are classified as Class I and have no cost sharing. Pediatric dental is not explicitly reflected in the federal AVC. It is included as part of the "other" benefits which are assumed to have average cost sharing for the plan. The reduction in cost sharing for the Class I benefits will result in a higher AV than what is modeled in the AVC, particularly for the higher deductible plans. It is possible that this design feature could have a significant impact on the AV. Based on some high level estimates, Wakely believes the maximum impact to AV for this design feature is approximately 0.5%. Since this adjustment may apply to some issuers and not to others, Wakely did not make a specific adjustment but did make sure that any AVs developed were at least 0.5% below the high end of the de minimis range in order to account for this benefit. It is expected that the impact for these drugs would be highest for the bronze plan where the deductible is highest and the impact would decrease as deductibles decrease (and AVs increase).

There are other potential design features for which adjustments could be made. However, given the expectation that adjustments be made for only the most substantive deviations, Wakely does not believe additional adjustments are warranted. It is also important to note that the bucketing of claims and the methodology used to calculate the AVC are not always clearly defined. Thus, at times it is difficult to ascertain whether an adjustment is warranted and how that adjustment would be estimated.

As stated, Wakely made explicit adjustments to account for the aggregate family deductible/MOOP and Vermont's prescription drug regulation. These adjustments are described in detail in the Methodology section. For the preventive prescription drug and pediatric dental benefits, Wakely did not make an explicit adjustment but did allow room in the AV such that an increase of up to 0.5% would not result in the AV falling outside of the required range.

The table in Appendix G shows all plan designs for which adjustments were made, the adjustments considered, the original AV from the AVC, and the final adjusted AV. The pediatric dental consideration may also apply to the Platinum, Gold and Silver Deductible and CSR plans when issuers include the benefit but no explicit adjustment was made since coverage of the pediatric dental benefit is optional and the impact to higher AV plans is less significant.

The IRS has yet to release the minimum deductible amount for HDHPs for 2016. The drug deductibles and MOOPs for HDHPs may need to change if the IRS changes the minimum deductible from the 2015 amount of \$1,300. The current plan designs use the 2015 amounts.



#### METHODOLOGY

Since several of the standard plan designs have features not supported by the AVC, Wakely developed an HDHP model to capture the impact of these features on the AV. It was anticipated that the AVC would not accommodate all of the Vermont plan design features and this model was developed several months prior to the draft 2014 AVC being released. While there are similarities in the data used (for example, only group data is included in both models), there are also differences (for example, the HDHP model includes all members regardless of duration while the AVC includes only members who are enrolled the full 12 months).

If a plan does have substantive differences from what the AVC allows, there are two allowed approaches defined in the federal regulations. The first allows the actuary to adjust the inputs of the plan design to "fit" it into the AVC. The second allows the actuary to put in as many of the design features as possible into the AVC and then adjust the resulting AV to account for the unique design features. Wakely determined the second approach was most appropriate for the Vermont plan design differences. Thus for the plan designs where adjustments were made, Wakely first input as much of the plan design as possible into the AVC and then modified the resulting AV to account for the unique features.

The following discusses the HDHP model that Wakely developed and the process used to adjust the actuarial values from the AVC.

#### **HDHP Model**

Anticipating the need to quantify some of Vermont's unique plan design features, in mid-2012 Wakely developed an HDHP model that would account for both aggregate deductibles and MOOPs as well as quantify the impact of Vermont's prescription drug regulation. For the 2016 AV adjustments this model was updated with more recent data and an option was added to account for embedded/stacked MOOPs.

In developing the model Wakely was provided with membership and medical and pharmacy claims data extracts from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Filters were then applied to the data to target a specific population for the model and reduce the amount of records to work with. The data used included:

- Allowed commercial medical and prescription drug data that was incurred in 2012 (original model used 2010 data)
- Products types HMO (non-Medicare risk), PPO, POS and EPO
- Used claims with a Useflag='0'
- All market categories except individual
- Limited to members in select payer ids

After all filters were applied, the remaining data included allowed claims and membership for approximately 2.3 million member months.

The methodology developed for the HDHP model does not use the traditional approach of continuance tables. When determining the paid claims and resulting actuarial value of the plan designs where the prescription drug regulation is a factor, the order in which the claims occur is important. Continuance tables fail to recognize the impact of the order of the claims on actuarial values. Thus, the HDHP model re-prices the claims based on the inputs provided in the model rather than rely on continuance tables.



The HDHP model allows a user to enter the following:

- Medical and Prescription drug deductible amounts for both individual and family contracts. These
  amounts can differ but the model assumes the amounts are always integrated, or that both medical
  and drug claims will accumulate to both deductibles, even if different amounts.
- Medical and prescription drug maximum out of pocket amounts for both individual and family contracts. These amounts can differ and the model allows for different treatment of the MOOPs as noted below.
- Medical and prescription drug coinsurance amounts. If the plan design includes copays, an effective coinsurance needs to be input.
- The structure of the deductibles and MOOPs. As can be seen in the table below, the model can distinguish between aggregate and stacked deductibles and MOOPs. It also allows for different accumulations of claims to the medical and prescription drug MOOPs. There are six structural selections available in the model, described in the table below. Option 5 is most closely aligned to the federal AVC. Option 6 represents the design of the Vermont HDHPs. This changed from Option 1 due to the new federal regulations.

		Costs that Accumula		
		Maximum Out-of	-Pocket (MOOP)	
Options	Deductible	Medical	Rx	Deductible / MOOP Type
1	Medical & Rx	Medical & Rx	Rx Only	Aggregate
2	Medical & Rx	Medical & Rx	Rx Only	Stacked
3	Medical & Rx	Medical Only	Rx Only	Aggregate
4	Medical & Rx	Medical Only	Rx Only	Stacked
5	Medical & Rx	Medical & Rx	Medical & Rx	Stacked
6	Medical & Rx	Medical & Rx	Rx Only	Aggregate Deductible /Aggregate MOOP with Embedded Ind MOOP (can also be used for Stacked MOOP)

#### **Adjusted AV Calculations**

Using the federal AV calculator and the HDHP model as outlined above, the following methodology was used to develop the adjusted AV calculations for the HDHPs:

- 1. The plan designs were entered into the AVC ignoring the separate prescription drug deductible and MOOP thresholds. The resulting AV is the unadjusted value, which does not account for the prescription drug regulations or the aggregate family deductible and MOOP levels.
- 2. The HDHP model was used to determine the revised AV.
  - a. The same plan design input into the AVC was input into the HDHP model. The HDHP model only allows for coinsurance. Since the HDHP designs include copays, an effective coinsurance was developed for each plan design. The effective coinsurance amounts were developed separately for medical and prescription drug services using the allowed weights



- and average cost per service from the federal AVC continuance tables for the relevant metal tier.
- b. The HDHP model was normalized to the AVC for each plan design. This means the same plan design, ignoring the prescription drug thresholds and assuming a stacked family deductible and MOOP, was input into the HDHP model and the underlying data was adjusted to arrive at the same AV as the AVC. This was done to ensure the same starting AV in both models and to try to mirror the induced utilization in the AVC. The normalization factors were reviewed for reasonability and deemed reasonable given they are accounting for trend, regional differences in cost and utilization and induced utilization.
- c. The plan design in the HDHP model was adjusted to lower the prescription drug deductible and MOOP inputs (if applicable) to the appropriate plan design amounts and also to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The application of deductible and MOOP was also changed to use an aggregate family deductible and either a stacked MOOP or an aggregate family MOOP with an embedded individual MOOP. For the stacked application of the MOOP, all individuals are subject to a MOOP equal to the individual MOOP in addition to the family MOOP. The aggregate family MOOP has an embedded individual MOOP equal to \$6,850.
- 3. The resulting AV from the HDHP model is used as the final AV for tier placement.

The HDHP model was intended only for HDHPs where medical and drug claims both accumulate to the deductible. The Bronze deductible plan needs to be adjusted to account for the lower prescription drug MOOP, but the deductible plan has separate medical and drug deductibles. Thus, the HDHP model was used but with a slight variation in methodology. The following highlight the differences in methodology used only for the Bronze Deductible plan.

- 1. Same as for HDHPs, as much of the plan design as possible was entered into the AVC. This is the unadjusted AV. The Bronze Deductible plan then needs to be adjusted for the lower and separate prescription drug MOOP.
- 2. The HDHP model was used to develop the AV adjustments in a slightly different process than for the HDHPs.
  - a. Instead of normalizing the HDHP model to the AVC, the normalization factor for the Bronze HDHP was used.
  - b. The HDHP model cannot accommodate plan designs where both medical and drug claims do not accumulate to the deductible. Thus, the same plan design was entered into the HDHP model as in the AVC but the model selection indicated that both medical and drug claims accumulated to the deductible amounts.
  - c. The HDHP model was then re-run with the lower drug MOOP and to adjust the prescription drug MOOP to only consider prescription drug claims (the medical MOOP amount continues to use both medical and prescription drug claims). The model continued to use a stacked application for deductible and MOOP since it is a traditional deductible plan.
- 3. The final AV is the ratio of the AV from 2c and 2b applied to the AV from the AVC in 1.

Appendix H includes screen shots from the AVC and the HDHP model for each plan design with an adjusted actuarial value. Also included is a summary of the AVs and in the instance of the Bronze Deductible plan, a calculation of the adjustment.



#### **RELIANCES**

We have relied on others for information used in the actuarial value adjustments. For the original AV, the final 2016 federal AVC model was relied on. While reasonability tests have shown some errors in the calculations and there are some assumptions and methodologies that are not consistent with expectations, the AVC was developed for plan classification and not pricing. Thus, the model is being used as such and we make no warranties for the accuracy of the AVs that result from the AVC.

VHCURES data supplied by the state was used in the development of the HDHP model. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information.

#### DISCLOSURES AND LIMITATIONS

Wakely is financially and organizationally independent from the State of Vermont and any issuer in the state.

Wakely does not warrant or guarantee that actual experience will tie to the AV estimated for the placement of plan designs into tiers. The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

The distribution of this report to other users is limited to the State of Vermont and issuers within that state that will be submitting standard plan designs. Distribution to such parties should be made in its entirety. Distribution to other parties should only be made with Wakely's consent.

Exhibit A contains the formal actuarial certification. If you have any questions regarding this letter or the certification, please contact me.

Sincerely,

Julie A. Peper, FSA, MAAA

Julie A. Per

Director and Senior Consulting Actuary





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#### **APPENDIX A**

# Actuarial Certification State of Vermont Actuarial Value of Standard Plan Designs Effective January 1, 2016

I, Julie A. Peper, am associated with the firm of Wakely Consulting Group, Inc. (Wakely), am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. Wakely was retained by the State of Vermont to provide a certification of the actuarial value of the state's standard plan designs that are effective January 1, 2016 on Vermont Health Connect. This certification may not be appropriate for other purposes.

To the best of my information, knowledge and belief, the actuarial values provided with this certification are considered actuarially sound for purposes of § 156.135(b), according to the following criteria:

- The final 2016 federal Actuarial Value Calculator was used to determine the AV for the plan provisions that fit within the calculator parameters;
- Appropriate adjustments were calculated, to the AV identified by the calculator, for plan design features that deviate substantially from the parameters of the AV calculator;
- The actuarial values have been developed in accordance with generally accepted actuarial principles and practices; and
- The actuarial values meet the requirements of § 156.135(b).

The assumptions and methodology used to development the actuarial values have been documented in my correspondence with the State of Vermont. The actuarial values associated with this certification are for standard plan designs (Silver HDHP, Bronze HDHP, Bronze Deductible, Silver HDHP CSR 73%, Silver HDHP CSR 77%, Silver HDHP CSR 79%, Silver HDHP CSR 83%, Silver HDHP CSR 87% and Silver HDHP CSR 94%) that will be effective as of January 1, 2016 on Vermont Health Connect.

The developed actuarial values are for the purposes of classifying plan designs of similar value and do not represent the expected actuarial value of a plan. Actual AVs will vary based on a plan's specific population, utilization, unit cost and other variables.

In developing the actuarial values, I have relied upon the federal Actuarial Value calculator and data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). I did not audit the data provided; however, I did review the data for reasonableness and consistency.

March 23, 2015 Page 10

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

Julie A. Peper, FSA, MAAA

March 20, 2015



# APPENDIX B

# **Summary of Plan Design Changes from 2015 designs**

		Deducti	ble Plans	
Plan	Platinum	Gold	Silver	Bronze
	No Change	No Change	Increase Medical Deductible from \$1,900 to \$2,000	Increase Medical Deductible from \$3,500 to \$4,000
			Increase Rx Deductible from \$100 to \$150	Increase Rx Deductible from \$300 to \$500
<b>61</b>			Increase Medical MOOP from \$5,100 to \$5,600	Increase Medical MOOP from \$6,350 to \$6,850
Changes			Increase Specialist office visit copay from \$45 to \$50	Increase Specialist office visit copay from \$80 to \$85
			Increase Rx Generic copay from \$12 to \$15	
			Increase Rx Preferred Brand copay from \$50 to \$60	
			<b>A.</b>	
		Cost Sharing Reduction Pla	n Designs - Deductible Plans	
Plan	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
	Increase Medical Deductible from \$1,900 to \$2,000	Increase Medical Deductible from \$1,500 to \$1,600	No Change	No Change
	Increase Rx Deductible from \$100 to \$150	Increase Rx Deductible from \$100 to \$150	-	_
Changes	Increase Medical MOOP from \$4,000 to \$4,500	Increase Medical MOOP from \$3,000 to \$3,400		
_	Increase Specialist office visit copay from \$45 to \$50	Increase Rx Preferred Brand copay from \$50 to \$60		
	Increase Rx Preferred Brand copay from \$50 to \$60			
	HDHPs - Em	bedded MOOP		
Plan	Silver	Bronze		
	Reduce Medical Deductible from \$1,500 to \$1,425	Increase Medical Deductible from \$2,000 to \$4,100		
	Aggregate family Medical MOOP has embedded \$6,850	Increase Medical MOOP from \$6,250 to \$6,500		
Changes	individual maximum			
	Increase General Coinsurance from 20% to 25%	Aggregate family Medical MOOP has embedded \$6,850		
	Therease Content Comparation From 2070 to 2070	individual maximum		
		a cal ' n l c' nl n	esigns - HDHPs Embedded MOOP	
DI	(FDI (0/ AV)			
Plan	250-300% FPL (73% AV)	200-250% FPL (77% AV)	150-200% FPL (87% AV)	133-150% FPL (94% AV)
Plan	Increase Medical Deductible from \$1,400 to \$1,425	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800	200-250% FPL (77% AV)	150-200% FPL (87% AV)	
Plan Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20%	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40 acked MOOP	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St. Silver	Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St  Silver Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze Increase Medical Deductible from \$2,000 to \$4,400	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St. Silver	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze Increase Medical Deductible from \$2,000 to \$4,400 Increase Medical MOOP from \$6,250 to \$6,500	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St  Silver Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze Increase Medical Deductible from \$2,000 to \$4,400	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St  Silver Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze Increase Medical Deductible from \$2,000 to \$4,400 Increase Medical MOOP from \$6,250 to \$6,500 Family Medical MOOP is stacked instead of aggregate	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St  Silver Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV) Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze Increase Medical Deductible from \$2,000 to \$4,400 Increase Medical MOOP from \$6,250 to \$6,500 Family Medical MOOP is stacked instead of aggregate	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150 Increase Medical MOOP from \$1,000 to \$1,150	Increase Medical Deductible from \$450 to \$500
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Changes Plan Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St Silver Family Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25%  250-300% FPL (73% AV) Increase Medical Deductible from \$1,400 to \$1,550 Increase Medical MOOP from \$3,400 to \$4,250 Family Medical MOOP is stacked instead of aggregate	Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  Increase Rx Preferred Brand copay from \$30 to \$40  Increase Medical Deductible from \$2,000 to \$4,400 Increase Medical Deductible from \$6,250 to \$6,500 Family Medical MOOP is stacked instead of aggregate  Cost Sharing Reduction Plan 200-250% FPL (77% AV) Increase Medical Deductible from \$1,300 to \$1,400 Increase Medical MOOP from \$2,500 to \$3,100 Family Medical MOOP is stacked instead of aggregate	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150 Increase Medical MOOP from \$1,000 to \$1,150  Designs - HDHPs Stacked MOOP  150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,200 Increase Medical MOOP from \$1,000 to \$1,200	Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500  Increase Medical MOOP from \$450 to \$500  Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500
Changes Plan Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St Silver Family Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25%  250-300% FPL (73% AV) Increase Medical Deductible from \$1,400 to \$1,550 Increase Medical MOOP from \$3,400 to \$4,250 Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV)  Increase Medical MOOP from \$2,500 to \$2,700  Increase General Coinsurance to 25% from 20%  Increase Rx Generic copay from \$5 to \$10  Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze  Increase Medical Deductible from \$2,000 to \$4,400  Increase Medical MOOP from \$6,250 to \$6,500  Family Medical MOOP is stacked instead of aggregate  Cost Sharing Reduction Plan  200-250% FPL (77% AV)  Increase Medical Deductible from \$1,300 to \$1,400  Increase Medical MOOP from \$2,500 to \$3,100  Family Medical MOOP is stacked instead of aggregate  Increase General Coinsurance from 20% to 25%	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150 Increase Medical MOOP from \$1,000 to \$1,150  Designs - HDHPs Stacked MOOP  150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,200 Increase Medical MOOP from \$1,000 to \$1,200	Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500  Increase Medical MOOP from \$450 to \$500  Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500
Changes Plan Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St Silver Family Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25%  250-300% FPL (73% AV) Increase Medical Deductible from \$1,400 to \$1,550 Increase Medical MOOP from \$3,400 to \$4,250 Family Medical MOOP is stacked instead of aggregate	200-250% FPL (77% AV)  Increase Medical MOOP from \$2,500 to \$2,700  Increase General Coinsurance to 25% from 20%  Increase Rx Generic copay from \$5 to \$10  Increase Rx Preferred Brand copay from \$30 to \$40  acked MOOP  Bronze  Increase Medical Deductible from \$2,000 to \$4,400  Increase Medical MOOP from \$6,250 to \$6,500  Family Medical MOOP is stacked instead of aggregate  Cost Sharing Reduction Plan  200-250% FPL (77% AV)  Increase Medical Deductible from \$1,300 to \$1,400  Increase Medical MOOP from \$2,500 to \$3,100  Increase Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25%  Increase Rx Generic copay from \$5 to \$10	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150 Increase Medical MOOP from \$1,000 to \$1,150  Designs - HDHPs Stacked MOOP  150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,200 Increase Medical MOOP from \$1,000 to \$1,200	Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500  Increase Medical MOOP from \$450 to \$500  Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500
Plan Changes Plan Changes	Increase Medical Deductible from \$1,400 to \$1,425 Increase Medical MOOP from \$3,400 to \$3,800 Aggregate family Medical MOOP has embedded \$6,850 individual maximum Increase General Coinsurance to 25% from 20%  HDHPs - St Silver Family Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25%  250-300% FPL (73% AV) Increase Medical Deductible from \$1,400 to \$1,550 Increase Medical MOOP from \$3,400 to \$4,250 Family Medical MOOP is stacked instead of aggregate	Increase Medical MOOP from \$2,500 to \$2,700 Increase General Coinsurance to 25% from 20% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40  Bronze Increase Medical Deductible from \$2,000 to \$4,400 Increase Medical MOOP from \$6,250 to \$6,500 Family Medical MOOP is stacked instead of aggregate  Cost Sharing Reduction Plan 200-250% FPL (77% AV) Increase Medical MOOP from \$1,300 to \$1,400 Increase Medical MOOP from \$2,500 to \$3,100 Family Medical MOOP is stacked instead of aggregate Increase General Coinsurance from 20% to 25% Increase Rx Generic copay from \$5 to \$10 Increase Rx Preferred Brand copay from \$30 to \$40	150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,150 Increase Medical MOOP from \$1,000 to \$1,150  Designs - HDHPs Stacked MOOP  150-200% FPL (87% AV) Increase Medical Deductible from \$1,000 to \$1,200 Increase Medical MOOP from \$1,000 to \$1,200	Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500  Increase Medical MOOP from \$450 to \$500  Increase Medical Deductible from \$450 to \$500 Increase Medical MOOP from \$450 to \$500



# **Appendix C**

# Non-Standard Gold Plan – Example Plan Design

	Non-Standard Plans
Deductible/OOP Max	Gold
Type of Plan	HSA Q/HDHP
Medical Ded	\$2,000
Rx Ded	\$1,300
Integrated Ded	Yes
Medical OOPM	\$2,000
Rx OOPM	\$1,300
Integrated OOPM	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
Service Category	Copay / Coinsurance
Inpatient 1	0%
Outpatient <sup>2</sup>	0%
ER <sup>3</sup>	0%
Radiology (MRI, CT, PET)	0%
Preventive	0%
PCP Office Visit	0%
MH/SA Office Visit	0%
Specialist Office Visit <sup>4</sup>	0%
Urgent Care	0%
Ambulance	0%
Rx Generic	<b>\$</b> 0
Rx Preferred Brand	<b>\$</b> 0
Rx Non-Preferred Brand	0%
Actuarial Value	
2016 Final Federal AVC, Adjusted if Necessary	79.5%



Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing 2 Outpatient includes ASCs. This cost sharing will also include physician and anesthes 3 ER copay is waived if admitted.
 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefit

#### APPENDIX D

## **Comments Relative to Applicable ASOPs**

This appendix includes comments relative to the following applicable Actuarial Standards of Practice (ASOP).

- ASOP No. 23, Data Quality;
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages; and
- ASOP No. 41, Actuarial Communications.

#### **ASOP 23: Data Quality**

- <u>3.1 Overview</u> VHCURES data was used as the basis for the HDHP model and this data source was deemed reasonable for the analysis discussed in the management report.
- 3.2 Selection of Data The data was considered reasonable for our analysis subject to the following considerations
  - a. The data sources contained all material data elements.
  - b. The following considerations were reviewed as part of our analysis:
    - 1. Data was appropriate and sufficiently current. The data was for similar/same populations and the most applicable data set available.
    - 2. Data was reasonable and comprehensive of the necessary data elements.
    - 3. There were no known, material limitations of the data.
    - 4. No alternative data sets were reasonably available. The reliability of the data underlying our analysis did not require support from alternative data sets.
    - 5. Alternative data sets were not deemed necessary to complete the analysis.
    - 6. Sampling methods were not required.
- <u>3.3 Reliance on Data Supplied by Others</u> Reliance is discussed in the management report to which this appendixis attached.
- <u>3.4 Reliance on Other Information Relevant to the Use of Data</u> We relied on information contained in the report. We did not detect any material errors in the data provided and relied upon the data as part of our analysis.
- <u>3.5 Review of Data</u> We reviewed the data. Data definitions were included as part of the VHCURES data. Ultimately the data was reasonable with the adjustments discussed in our management report.
- 3.6 Limitation of the Actuary's Responsibility We did not audit the data.
- <u>3.7 Use of Data</u>— Use and adjustments to the data are discussed in this management report. In addition:
- a. We deem that the data are of sufficient quality to perform the analysis;
- b. The data did not require enhancement before the analysis could be performed
- c. The data was reasonable for the analysis and did not require adjustment beyond that discussed in the management report;
- d. We did not detect any material defects in any data source;
- e. The data were adequate to perform our analysis.



## **ASOP 25: Credibility Procedures**

The HDHP model uses data as its starting point. The experience used is fully credible and therefore no credibility blending or adjustments were necessary.

#### **ASOP 41: Actuarial Communications**

This report and the actuarial memorandum submitted are consistent with the guidance in ASOP 41.

## 3.1 General Requirements for Actuarial Communications

- <u>3.1.1 Principal and Scope of Engagement</u> These results were developed to comply with § 156.135(b) and should not be used for any other purpose. The distribution of this report to other users is limited to the State of Vermont.
- <u>3.1.2 Form and Content</u> The State of Vermont was the principal for this engagement and the scope of the engagement included developing and certifying the actuarial values for the standard plan designs as discussed in the management report.
- <u>3.1.3 Timing of Communication</u> This report is provided in conjunction with the actuarial certification of the submitted actuarial values.
- <u>3.1.4 Identification of Responsible Actuary</u> The responsible actuary is identified in the attestation and this management report.
- <u>3.2 Actuarial Report</u> This management report is an Actuarial Report as defined in this ASOP. Correspondence between Wakely and the State of Vermont as part of this engagement should also be considered part of the Actuarial Report.
- <u>3.3 Specific Circumstances</u> No constraints apply beyond any discussed in the attachment management report.
- <u>3.4 Disclosures Within an Actuarial Report</u> all relevant disclosures have been made in the management report. Consistent with this ASOP, we make specific mention to the following items here:
  - 3.4.1 Uncertainty or Risk Uncertainty is discussed in the management report.
  - <u>3.4.2 Conflict of Interest</u> Wakely is financially, organizationally, and otherwise independent from the State of Vermont and any reliant parties.
  - <u>3.4.3 Reliance on Other Sources for Data and Other Information</u> Reliance regarding data and assumptions are discussed in this management report.
  - <u>3.4.4 Responsibility for Assumptions and Methods</u> Assumptions and methods are discussed in the management report and the parties associated with the assumptions and methods have been delineated. Therefore, pursuant to this ASOP, no additional disclosure is necessary.
  - <u>3.4.5 Information Date of Report</u> -The management report list the applicable dates for the analysis and correspondence.
  - <u>3.4.6 Subsequent Events</u> There are no subsequent events, as of the date of this report that would materially affect the results presented herein.
- <u>3.5 Explanation of Material Differences</u> Wakely has issued no other report regarding the development of these actuarial values. No comparison to prior results is necessary.
- <u>3.6 Oral Communications</u> No oral communication is considered part of this actuarial report. Any material assumptions or methods discussed in oral communications have been documented in written form as well.



 $\underline{3.7~\text{Responsibility to Other~Users}}$  - Intended users of this report have been specifically noted in the document.



## APPENDIX E

## Standard Plan Designs -Deductible Plans

	Deductible Plans							
Deductible/OOP Max	Platinum Same as 2015 Plan Design	Gold Same as 2015 Plan Design	Silver 2016 Proposed Design	Bronze 2016 Proposed Design				
Type of Plan	Deductible	Deductible	Deductible	Deductible				
Medical Ded	\$150	\$750	\$2,000	\$4,000				
Rx Ded	\$o	\$50	\$150	\$500				
Integrated Ded	No	No	No	No				
Medical OOPM	\$1,250	\$4,250	\$5,600	\$6,850				
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250				
Integrated OOPM	No	No	No	Rx -No, Medical - Yes				
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual				
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb	Preventive				
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts				
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance				
Inpatient 1	10%	20%	40%	50%				
Outpatient <sup>2</sup>	10%	20%	40%	50%				
ER <sup>3</sup>	\$100	\$150	\$250	50%				
Radiology (MRI, CT, PET)	10%	20%	40%	50%				
Preventive	\$o	\$o	\$o	\$c				
PCP Office Visit	\$10	\$15	\$25	\$35				
MH/SA Office Visit	\$10	\$15	\$25	\$35				
Specialist Office Visit <sup>4</sup>	\$20	\$25	\$50	\$85				
Urgent Care	\$40	\$45	\$60	\$100				
Ambulance	\$50	\$50	\$100	\$100				
Rx Generic	\$5	\$5	\$15	\$20				
Rx Preferred Brand	\$40	\$40	\$60	\$80				
Rx Non-Preferred Brand	50%	50%	50%	60%				
Actuarial Value	3070			00%				
2016 Final Federal AVC, Adjusted if Necessary	89.0%	81.0%	71.6%	61.4%				

<sup>\*</sup> Federal HDHP MOOP limits are not yet released for 2016. The 2015 minimum single deductible and MOOP are \$1,300 and \$6,450, respectively. The deductible increases \$50 every two to three years and the MOOP increases around \$100 a year on average.

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1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>\*\*</sup> Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

## **Standard Plan Designs – Cost Sharing Reduction Plans (Deductibles)**

			Deductible Plans					
Deductible/OOP Max	250-300% FPL (73% AV CSR) 2016 Proposed Plan Design	200-250% FPL (77% AV CSR) 2016 Proposed Plan Design	79% AV CSR (New in 2016)	83% AV CSR (New in 2016)	150-200% FPL (87% AV CSR) Same as 2015 Plan Design	133-150% FPL (94% AV CSR) Same as 2015 Plan Design		
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible		
Medical Ded	\$2,000	\$1,600	\$1,250	\$1,000	\$600	\$100		
Rx Ded	\$150	\$150	\$100	\$100	\$100	\$o		
Integrated Ded	No	No	No	No	No	No		
Medical OOPM	\$4,500	\$3,400	\$2,900	\$2,250	\$1,250	\$500		
Rx OOPM	\$1,200	\$1,000	\$1,000	\$500	\$400	\$200		
Integrated OOPM	No	No	No	No	No	No		
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual		
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb		
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient 1	40%	40%	40%	40%	40%	10%		
Outpatient <sup>2</sup>	40%	40%	40%	40%	40%	10%		
ER <sup>3</sup>	\$250	\$250	\$250	\$250	\$250	\$75		
Radiology (MRI, CT, PET)	40%	40%	40%	40%	40%	10%		
Preventive	\$o	\$o	\$o	\$o	\$o	\$o		
PCP Office Visit	\$25	\$20	\$20	\$15	\$10	\$5		
MH/SA Office Visit	\$25	\$20	\$20	\$15	\$10	\$5		
Specialist Office Visit <sup>4</sup>	\$50	\$40	\$40	\$30	\$30	\$15		
Urgent Care	\$60	\$60	\$60	\$60	\$50	\$35		
Ambulance	\$100	\$100	\$100	\$100	\$100	\$50		
Rx Generic	\$12	\$12	\$12	\$12	\$10	\$5		
Rx Preferred Brand	\$60	\$60	\$60	\$50	\$50	\$20		
Rx Non-Preferred Brand Actuarial Value	50%	50%	50%	50%	50%	30%		
2016 Final Federal AVC, Adjusted if Necessary	73.7%	77.0%	78.7%	82.8%	87.4%	94.3%		

<sup>\*</sup> Federal HDHP MOOP limits are not yet released for 2016. The 2015 single limit is \$6,450 and on average increases around \$100 a year.



 $<sup>\</sup>ensuremath{^{**}}$  Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

## **Standard Plan Designs – HDHP Plans**

	HDHPs Option 1:	Embedded MOOP	HDHPs Option 2: Stacked MOOP			
Deductible/OOP Max	Silver 2016 Proposed Design Option 1	Bronze 2016 Proposed Design Option 1	Silver 2016 Proposed Design Option 2	Bronze 2016 Proposed Design Option 2		
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP		
Medical Ded	\$1,425	\$4,100	\$1,550	\$4,400		
Rx Ded	\$1,300	\$1,300	\$1,300	\$1,300		
Integrated Ded	Yes	Yes	Yes	Yes		
Medical OOPM	\$5,750	\$6,500	\$5,750	\$6,500		
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300		
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes		
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual		
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive		
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts		
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance		
Inpatient 1	25%	50%	25%	50%		
Outpatient <sup>2</sup>	25%	50%	25%	50%		
ER <sup>3</sup>	25%	50%	25%	50%		
Radiology (MRI, CT, PET)	25%	50%	25%	50%		
Preventive	0%	0%	0%	0%		
PCP Office Visit	10%	50%	10%	50%		
MH/SA Office Visit	10%	50%	10%	50%		
Specialist Office Visit <sup>4</sup>	25%	50%	25%	50%		
Urgent Care	25%	50%	25%	50%		
Ambulance	25%	50%	25%	50%		
Rx Generic	\$10	\$12	\$10	\$12		
Rx Preferred Brand	\$40	40%	\$40	40%		
Rx Non-Preferred Brand	50%	60%	50%	60%		
Actuarial Value						
2016 Final Federal AVC, Adjusted if Necessary	70.1%	61.0%	70.1%	61.0%		

<sup>\*</sup> Federal HDHP MOOP limits are not yet re

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.



<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

## Standard Plan Designs - Cost Sharing Reduction Plans (HDHP - Embedded MOOP)

	HDHPs Option 1: Embedded MOOP					
Deductible/OOP Max	250-300% FPL (73% AV CSR) 2016 Proposed Plan Design Option 1	200-250% FPL (77% AV CSR) 2016 Proposed Plan Design Option 1	79% AV CSR (New in 2016) Option 1	83% AV CSR (New in 2016) Option 1	150-200% FPL (87% AV CSR) 2016 Proposed Plan Design Option 1	133-150% FPL (94% AV CSR) 2016 Proposed Plan Design Option 1
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAO)	Deductible (NOT HSAO)
Medical Ded	\$1,425	\$1,300	\$1,300	\$1,300	\$1,150	\$500
Rx Ded	\$1,300	N/A	N/A	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$3,800	\$2,700	\$2,400	\$1,650	\$1,150	\$500
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Yes	Yes
Family Deductible / OOP	Aggregate with Combined Medical/Rx embedded \$6,850 Single MOOP; 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	25%	25%	20%	10%	0%	0%
Outpatient <sup>2</sup>	25%	25%	20%	10%	0%	0%
ER <sup>3</sup>	25%	25%	20%	10%	0%	0%
Radiology (MRI, CT, PET)	25%	25%	20%	10%	0%	0%
Preventive	0%	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	5%	0%	0%	0%
MH/SA Office Visit	10%	10%	5%	0%	0%	0%
Specialist Office Visit <sup>4</sup>	25%	25%	20%	10%	0%	0%
Urgent Care	25%	25%	20%	10%	0%	0%
Ambulance	25%	25%	20%	10%	0%	0%
Rx Generic	\$10	\$10	\$5	\$5	\$0	<b>\$</b> 0
Rx Preferred Brand	\$40	\$40	\$15	\$10	\$o	\$o
Rx Non-Preferred Brand	50%	50%	50%	10%	0%	0%
Actuarial Value						
2016 Final Federal AVC, Adjusted if Necessary	72.9%	76.8%	78.8%	82.7%	87.0%	94.0%

<sup>\*</sup> Federal HDHP MOOP limits are not yet re

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.



<sup>\*\*</sup> Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

## Standard Plan Designs - Cost Sharing Reduction Plans (HDHP - Stacked MOOP)

	HDHPs Option 2: Stacked MOOP								
Deductible/OOP Max	250-300% FPL (73% AV CSR) 2016 Proposed Plan Design Option 2	200-250% FPL (77% AV CSR) 2016 Proposed Plan Design Option 2	79% AV CSR (New in 2016) Option 2	83% AV CSR (New in 2016) Option 2	150-200% FPL (87% AV CSR) 2016 Proposed Plan Design Option 2	133-150% FPL (94% AV CSR) 2016 Proposed Plan Design Option 2			
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAO)	Deductible			
Medical Ded	\$1,550	\$1,400	\$1,300	\$1,300	\$1,200	\$500			
Rx Ded	\$1,300	\$1,300	N/A	N/A	N/A	N/A			
Integrated Ded	Yes	Yes	Yes	Yes	Yes	Yes			
Medical OOPM	\$4,250	\$3,100	\$2,900	\$2,000	\$1,200	\$500			
Rx OOPM	\$1,300	\$1,300	\$1,300	\$1,300	N/A	N/A			
Integrated OOPM	Rx -No, Medical - Yes	Yes	Yes						
Family Deductible / OOP	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual	Ded and Rx MOOP- Aggregate, Combined Medical/Rx MOOP - Stacked; 2x Individual			
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive	Preventive			
Drug Deductible waived for:	Wellness scripts								
Service Category	Copay / Coinsurance								
Inpatient 1	25%	25%	20%	10%	0%	0%			
Outpatient <sup>2</sup>	25%	25%	20%	10%	0%	0%			
ER <sup>3</sup>	25%	25%	20%	10%	0%	0%			
Radiology (MRI, CT, PET)	25%	25%	20%	10%	0%	0%			
Preventive	0%	0%	0%	0%	0%	0%			
PCP Office Visit	10%	10%	5%	0%	0%	0%			
MH/SA Office Visit	10%	10%	5%	0%	0%	0%			
Specialist Office Visit 4	25%	25%	20%	10%	0%	0%			
Urgent Care	25%	25%	20%	10%	0%	0%			
Ambulance	25%	25%	20%	10%	0%	0%			
Rx Generic	\$10	\$10	\$5	\$5	<b>\$</b> 0	\$o			
Rx Preferred Brand	\$40	\$40	\$15	\$10	\$o	\$o			
Rx Non-Preferred Brand	50%	50%	50%	10%	0%	0%			
Actuarial Value									
2016 Final Federal AVC, Adjusted if Necessary	72.9%	76.7%	78.8%	82.8%	86.9%	94.1%			

 $<sup>^{\</sup>ast}$  Federal HDHP MOOP limits are not yet re

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.



<sup>\*\*</sup> Income levels for Cost Sharing Reduction (CSR) plans are based on the income assignment in 2015

<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

#### APPENDIX F

#### **Class I Pediatric Dental Codes**

These procedures are diagnostic and preventive in nature. Under the definition of what is essential they may have limits. The services and limits are described in the Department of Vermont Health Access, Dental Procedure/Fee Schedule (Effective for services provided on or after 11/01/2013)

- D0120 Periodic Oral Evaluation
- D0140 Limited Oral Evaluation Problem Focused
- D0145 Oral Evaluation for a patient under three years of age and counseling with primary caregiver
- D0150 Comprehensive Oral Evaluation
- D0170 Re-evaluation Limited, Problem Focused
- D0210 Intraoral Radiographs—Complete Series (including bitewings)
- D0220 Intraoral Radiographs Periapical First Film
- D0230 Intraoral Radiographs—Periapical Each Additional Film
- D0240 Intraoral Occlusal Film
- D0250 Extraoral First Film
- D0260 Extraoral Each Additional Film
- D0270 Bitewing Single Film
- D0272 Bitewings 2 Films
- D0273 Bitewings 3 Films
- D0274 Bitewings 4 Films
- D0330 Panoramic Film
- D0340 Cephalometric Film
- D0350 Oral/Facial Photographic Images
- D0364 Cone Beam CT Capture and Interpretation with Limited Field of View Less Than One Whole Jaw
- D0365 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch Mandible
- D0366 Cone Beam CT Capture and Interpretation with Limited Field of View of One Full Dental Arch Maxilla, with or without Cranium
- D0367 Cone Beam CT Capture and Interpretation with Limited Field of View of Both Jaws, With or Without Cranium
- D0368 Cone Beam CT Capture and Interpretation for TMJ Series Including Two or More Exposures
- D0391 Interpretation of Diagnostic Image by a Practitioner Not Associated with Capture of the Image, Including the Report
- D0470 Diagnostic Models
- D1120 Prophylaxis Child
- D1208 Topical Application of Fluoride
- D1330 Oral Hygiene Instructions
- D1351 Sealant Per Tooth
- D1351 U9 Sealant Per Tooth-Deciduous second molars and bicuspids\*
- D1352 Preventive resin restoration in a moderate to high caries risk patient -permanent tooth
- D1510 Space Maintainer Fixed Unilateral
- D1515 Space Maintainer Fixed Bilateral
- D1525 Space Maintainer Removable Bilateral
- D1550 Recementation of Space Maintainer



 $\underline{\textbf{APPENDIX G}}$  Summary of Adjustments Considered and Final Adjusted AVs

Adjustments Considered	Aggregate Ded	Aggregate MOOP, Embedded \$6,850	Stacked MOOP	Drug Regulation	Preventive Drugs	Pediatric Dental	AV from AVC	Final Adjusted AV
Silver HDHP – Embedded \$6,850 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	72.5%	70.1%
Bronze HDHP– Embedded \$6,850 Individual MOOP	Yes	Yes	No	Yes	Yes	Yes	61.4%	61.0%
Silver HDHP – Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	71.9%	70.1%
Bronze HDHP- Stacked MOOP	Yes	No	Yes	Yes	Yes	Yes	61.2%	61.0%
Bronze Deductible	No	No	No	Yes	No	Yes	60.4%	61.4%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 73%	Yes	Yes	No	Yes	Yes	Yes	75.4%	72.9%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 77%	Yes	Yes	No	Yes	Yes	Yes	79.0%	76.8%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 79%	Yes	Yes	No	No	Yes	Yes	80.8%	78.8%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 83%	Yes	Yes	No	No	Yes	Yes	84.1%	82.7%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 87%	Yes	Yes	No	No	Yes	Yes	87.5%	87.0%
Silver HDHP - Embedded \$6,850 Individual MOOP CSR 94%	Yes	Yes	No	No	Yes	Yes	94.0%	94.0%
Silver HDHP - Stacked MOOP CSR 73%	Yes	No	Yes	Yes	Yes	Yes	74.0%	72.9%
Silver HDHP - Stacked MOOP CSR 77%	Yes	No	Yes	Yes	Yes	Yes	77.4%	76.7%
Silver HDHP - Stacked MOOP CSR 79%	Yes	No	Yes	No	Yes	Yes	79.5%	78.8%
Silver HDHP - Stacked MOOP CSR 83%	Yes	No	Yes	No	Yes	Yes	83.1%	82.8%
Silver HDHP - Stacked MOOP CSR 87%	Yes	No	Yes	No	Yes	Yes	87.0%	86.9%
Silver HDHP - Stacked MOOP CSR 94%	Yes	No	Yes	No	Yes	Yes	94.0%	94.1%



## **APPENDIX H**

### Screen shots and AV Development

- 1. Silver HDHP Embedded MOOP
- 2. Bronze HDHP Embedded MOOP
- 3. Silver HDHP Stacked MOOP
- 4. Bronze HDHP Stacked MOOP
- 5. Bronze Deductible Plan
- 6. Silver HDHP Embedded MOOP CSR 73%
- 7. Silver HDHP Embedded MOOP CSR 77%
- 8. Silver HDHP Embedded MOOP CSR 79%
- 9. Silver HDHP Embedded MOOP CSR 83%
- 10. Silver HDHP Embedded MOOP CSR 87%
- 11. Silver HDHP Embedded MOOP CSR 94%
- 12. Silver HDHP Stacked MOOP CSR 73%
- 13. Silver HDHP Stacked MOOP CSR 77%
- 14. Silver HDHP Stacked MOOP CSR 79%
- 15. Silver HDHP Stacked MOOP CSR 83%
- 16. Silver HDHP Stacked MOOP CSR 87%
- 17. Silver HDHP Stacked MOOP CSR 94%



## 1. Silver HDHP – Embedded MOOP

AV from AVC = 72.5%Adjusted AV = 70.1%

## AVC Screen Shot:

**User Inputs for Plan Parameters** 

Use Integrated Medical and Drug Deductible?	✓	I	HSA/HRA Options			row Network O <sub>l</sub>				
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Fier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		7 mildar Commit	acron / imounti	φο.σο	2nd 1	Fier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Silver  ▼									
		1 Plan Benefit De				2 Plan Benefit [				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,425.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$5,750.00							
OOP Maximum if Separate (\$)			<u>l</u>							
Click Here for Important Instructions		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if	Copay, if	Copay applies	-
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	
Medical	All	All All			All	All			All	All
Emergency Room Services	<u> </u>	<b>V</b>			V	y V				
All Inpatient Hospital Services (inc. MHSA)	✓	~			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	•	✓	90%		✓	<b>V</b>				
X-rays)										_
Specialist Visit	V	V			V	V				
Mental/Behavioral Health and Substance Abuse Disorder	•	✓	90%		V	✓				
Outpatient Services	<u> </u>	<u> </u>			<u> </u>	<u> </u>				
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	<u> </u>	✓			V	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy	~	ightharpoons			V	V				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	☑	✓	100%	ŞU.UU		✓	100%	\$0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u>`</u>			V	<u>v</u>				
Skilled Nursing Facility	<u> </u>	<u> </u>			<u> </u>	V				
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	$\checkmark$			V	V				
Outpatient Surgery Physician/Surgical Services	<b>V</b>	V			V	<b>V</b>				
Drugs	All	All			All	All			All	All
Generics	<u> </u>			\$10.00	V	<u> </u>			<u> </u>	
Preferred Brand Drugs	<u> </u>		***************************************	\$40.00	V	<b>V</b>		•	<b>V</b>	
Non-Preferred Brand Drugs	<u> </u>	<u> </u>	50%		V	V				
Specialty Drugs (i.e. high-cost)	V	V	50%		V	V				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?		1								
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
#Copays (1-10):										
Output		=								
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 2 per	cent de minimis va	riation.						



72.51%

Actuarial Value:

# 1. Silver HDHP – Embedded MOOP, Continued

HDHP Model – Normalization:

Inputs						
Enter va	lues in the blue cel	lls below, choose d	a setting option fr	om the drop down	box, and press 'Co	alculate'.
Press 'C	Calculate' anytime	an input or drop	down selection is d	changed.		
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate th	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,425	1,425			
F	amily Deductible	2,850	2,850			
Individu	ial Out-of-Pocket	5,750	5,750			
Fam	ily Out-of-Pocket	11,500	11,500			
Coinsura	nce (50% or Less)	23%	30%			
		Co	osts that Accumula	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$238.33	\$37.14	\$275.48		
	Plan PMPM	\$177.90	\$21.85	\$199.75		
	Actuarial Value	74.6%	58.8%	72.5%		



# 1. Silver HDHP – Embedded MOOP, Continued

Inputs						
Enter valu	ues in the blue cel	lls below, choose (	a setting option fr	om the drop down	box, and press 'C	alculate'.
		· · · · · · · · · · · · · · · · · · ·	down selection is a	•		
Note t	hat the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	sage box will app	ear to indicate th	at the calculation	s are done.		
		Medical	Dv			
ار دام ما	idual Deductible		Rx			
	amily Deductible	1,425 2,850	1,300 2,600			
	•					
	al Out-of-Pocket	5,750	1,300			
Fami	ly Out-of-Pocket	11,500	2,600			
Coinsurar	nce (50% or Less)	23%	30%			
		Co	osts that Accumul		5 1 /	
		<b>5</b> 1	_	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calada				
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$238.33	\$37.14	\$275.48		
	Plan PMPM	\$169.90	\$23.26	\$193.16		
	Actuarial Value	71.3%	62.6%	70.1%		



#### 2. Bronze HDHP – Embedded MOOP

AV from AVC = 61.4%Adjusted AV = 61.0%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	•		HSA/HKA Options		Narr	ow Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st 7	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Collitii	Julion Amount.	\$0.00	2nd 7	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Bronze 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,100.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
OOP Maximum (\$)			\$6,500.00							
OOP Maximum if Separate (\$)			\$0,500.00							
ου maximum σεραιαίε (γ)										
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
energy for important managements	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?			deduct	-
Medical	□ All	□ All	anterent	separate	All	All	anterent	separate	☐ All	All
Emergency Room Services	<b>V</b>	<b>▽</b>			y V	N N				
All Inpatient Hospital Services (inc. MHSA)	>					<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	•			~	~				
X-rays)										
Specialist Visit	>	V			V	V				
Mental/Behavioral Health and Substance Abuse Disorder	•	•			V	<b>✓</b>				
Outpatient Services					_					)
Imaging (CT/PET Scans, MRIs)	V	✓			V	V				
Rehabilitative Speech Therapy	V	~			V	V				
	✓	•			V	<b>✓</b>				
Rehabilitative Occupational and Rehabilitative Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			_ 	V				
X-rays and Diagnostic Imaging	~	~			~	~				
Skilled Nursing Facility	V	~			✓	✓				
	E I	[J				V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			✓	<u> </u>				
Outpatient Surgery Physician/Surgical Services	~	~			~	✓				
Drugs	☐ All	☐ All			☐ All	All			☐ All	☐ All
Generics	V			\$12.00	~	V			V	
Preferred Brand Drugs	V	~	60%		✓	✓				
Non-Preferred Brand Drugs	>	~	40%		✓	✓				
Specialty Drugs (i.e. high-cost)	V	~	40%		✓	✓				
Options for Additional Benefit Design Limits:	•									
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output # Copays (1-10).										
Calculate Status/Error Messages:	Calculation Succe	ecful								
Actuarial Value:	61.43%	.33141.								
Actualiai value.	U1.7J/U									



Bronze

Metal Tier:

# 2. Bronze HDHP – Embedded MOOP, Continued

lues in the blue cel	ls below, choose (	a setting option fi	rom the drop dowl	n box, and press 'Cal	lculate'.
Calculate' anytime	an input or drop	down selection is	changed.		
that the model rui	n-time will vary bo	ased on the comp	uters processing s	peed.	
ssage box will app	ear to indicate th	at the calculation	s are done.		
	11.0 0.1 00.1				
	•	•			
amily Deductible	8,200	8,200			
ial Out-of-Pocket	6,500	6,500			
ily Out-of-Pocket	13,000	13,000			
nce (50% or Less)	48%	44%			
	Co	osts that Accumul	ate		
				Deductible /	
	Deductible	Medical	Rx		
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	
	Calculat	te			
	Medical	Rx	Total		
Allowed PMPM	\$289.21	\$45.07	\$334.29		
Plan PMPM	\$184.19	\$21.12	\$205.31		
Actuarial Value	63.7%	46.9%	61.4%		
	Calculate' anytime that the model rui ssage box will app ridual Deductible amily Deductible ial Out-of-Pocket ily Out-of-Pocket nce (50% or Less)  Settings  Allowed PMPM Plan PMPM	Calculate' anytime an input or drope that the model run-time will vary be a sage box will appear to indicate the Medical vidual Deductible amily Deductible 8,200 and Out-of-Pocket 13,000 and Out-o	Calculate' anytime an input or dropdown selection is that the model run-time will vary based on the composage box will appear to indicate that the calculation  Medical Rx ridual Deductible 4,100 4,100 amily Deductible 8,200 8,200 all Out-of-Pocket 6,500 6,500 all Out-of-Pocket 13,000 13,000 ance (50% or Less) 48% 44%  Costs that Accumul Medical Rx  Calculate  Medical & Rx  Calculate  Medical Rx  Allowed PMPM \$289.21 \$45.07 Plan PMPM \$184.19 \$21.12	Calculate' anytime an input or dropdown selection is changed.  It that the model run-time will vary based on the computers processing spaces are done.  Medical Rx  Indidual Deductible 4,100 4,100  It all Out-of-Pocket 6,500 6,500  It all Out-of-Pocket 13,000 13,000  Ince (50% or Less) 48% 44%  Costs that Accumulate  OOP  Deductible Medical Rx  Settings Medical & Rx  Allowed PMPM \$289.21 \$45.07 \$334.29  Plan PMPM \$184.19 \$21.12 \$205.31	that the model run-time will vary based on the computers processing speed.  It is age box will appear to indicate that the calculations are done.    Medical Rx



## 2. **Bronze HDHP – Embedded MOOP, Continued**

Inputs						
Enter valu	ies in the blue cel	ls below, choose o	a setting option fr	om the drop down	box, and press 'C	alculate'.
		•	down selection is a	•		
Note ti	hat the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mess	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Rx			
Indivi	idual Deductible	4,100	1,300			
	mily Deductible	8,200	2,600			
	al Out-of-Pocket	6,500	1,300			
	y Out-of-Pocket	13,000	2,600			
	nce (50% or Less)	48%	44%			
Comsular	100 (3070 01 2033)	-1070	1170			
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te Te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$177.40	\$26.43	\$203.83		
	Actuarial Value	61.3%	58.6%	60.98%		



#### 3. Silver HDHP – Stacked MOOP

AV from AVC = 71.9%Adjusted AV = 70.1%

AVC Screen Shot:

**User Inputs for Plan Parameters** 

Use Integrated Medical and Drug Deductible?	✓	1	HSA/HRA Options		Narı	ow Network Op	itions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Ammund Combrid		¢0.00	1st 7	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd 1	Fier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Silver ▼									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	THE GREAT	5.45	\$1,550.00		mearca	5.48	comanica			
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$5,750.00							
OOP Maximum (\$) OOP Maximum if Separate (\$)		l	\$5,750.00			1				
OOP Maximum ii Separate (5)			J							
Click Have for large extent last wetters		Tie	4			Tie	2		Tier 1	Tier 2
Click Here for Important Instructions				,				,		-
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applies	-
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	☐ All	All			☐ All	All			☐ All	All
Emergency Room Services	<u> </u>	<u> </u>			<b>V V</b>	V (				
All Inpatient Hospital Services (inc. MHSA)	✓	✓			<u>~</u>	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓	90%		<b>✓</b>	✓				
X-rays)										
Specialist Visit	V	V			✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder		[a]	90%		✓	✓				
Outpatient Services	V	✓	50/0		_					Ш
Imaging (CT/PET Scans, MRIs)	✓	V			<b>V</b>	✓				
Rehabilitative Speech Therapy	V	~			✓	V				
	<u> </u>	✓			V	_ _				П
Rehabilitative Occupational and Rehabilitative Physical Therapy	•	•				<u> </u>				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<b>V</b>	~			<u></u>	<u> </u>				
X-rays and Diagnostic Imaging	<b>V</b>	~			<u> </u>	_ 				
Skilled Nursing Facility	<u> </u>	<u> </u>				<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	~			<b>V</b>	✓				
Drugs	□ All	□ All			☐ All	□ All			☐ All	☐ All
Generics	<u> </u>			\$10.00	<b>✓</b>	<u> </u>			7	
Preferred Brand Drugs	<u> </u>			\$40.00	V	v v			Z Z	- i
Non-Preferred Brand Drugs	✓	<u> </u>	50%	Ş40.00	· ·					ä
Specialty Drugs (i.e. high-cost)	<u> </u>	✓	50%		V	V				H
	· ·	¥	30%		V					
Options for Additional Benefit Design Limits:		1								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:	_									
Set a Maximum Number of Days for Charging an IP Copay?	Ш									
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
	Calculation Succe	essful.								
Actuarial Value:	71.86%									



Silver

Metal Tier:

## 4. Silver HDHP – Stacked MOOP, Continued

lues in the blue cel	lls below, choose	a setting option fi	rom the drop dow	n box, and press 'Ca	lculate'.
Calculate' anytime	an input or drop	down selection is	changed.		
that the model rui	n-time will vary b	ased on the comp	uters processing s	peed.	
ssage box will app	ear to indicate th	at the calculation	s are done.		
	1116 011601				
	•	•			
amily Deductible	3,100	3,100			
ial Out-of-Pocket	5,750	5,750			
ily Out-of-Pocket	11,500	11,500			
nce (50% or Less)	23%	30%			
	C	nete that Accumul	ata		
	C.			Deductible /	
	Deductible	_	-	-	
Settings		Medical & Rx	Medical & Rx	Stacked	
	Calcula	te			
	Medical	Rv	Total		
Allowed PMDM					
Plan PMPM	,	\$22.06	\$202.59		
Actuarial Value	74.1%	58.1%	71.9%		
- 1 i	Calculate' anytime that the model rules age box will app ridual Deductible amily Deductible all Out-of-Pocket all Out-of-Pocket Ily Out-of-Pocket Settings  Settings  Allowed PMPM Plan PMPM	Calculate' anytime an input or drope that the model run-time will vary be asage box will appear to indicate the Medical vidual Deductible amily Deductible 3,100 and Out-of-Pocket 5,750 and Out-of-Pocket 11,500 and Compared to the Medical & Rx  Calculate Medical & Rx  Calculate Medical & Rx  Medical & Rx  Allowed PMPM \$243.69 Plan PMPM \$180.52	Calculate' anytime an input or dropdown selection is that the model run-time will vary based on the composage box will appear to indicate that the calculation Medical Rx ridual Deductible 1,550 1,550 amily Deductible 3,100 3,100 ral Out-of-Pocket 5,750 5,750 ral out-of-Pocket 11,500 11,500 race (50% or Less) 23% 30%  Costs that Accumulate Medical Medical Rx Medical Rx Medical Rx  Calculate  Medical Rx Medical Rx  Allowed PMPM \$243.69 \$37.98 Plan PMPM \$180.52 \$22.06	Calculate' anytime an input or dropdown selection is changed.  It that the model run-time will vary based on the computers processing so it is sage box will appear to indicate that the calculations are done.  Medical Rx  Indicated that the calculations are done.  Medical Out-of-Pocket 1,550 1,55	that the model run-time will vary based on the computers processing speed.  stage box will appear to indicate that the calculations are done.  Medical Rx ridual Deductible 1,550 1,550 amily Deductible 3,100 3,100 all Out-of-Pocket 5,750 5,750 ally Out-of-Pocket 11,500 11,500 ance (50% or Less) 23% 30%  Costs that Accumulate  OOP Deductible / Deductible Medical Rx OOP Type  Settings Medical & Rx Medical & Rx Stacked  Calculate  Calculate  Medical & Rx Total Allowed PMPM \$243.69 \$37.98 \$281.67 Plan PMPM \$180.52 \$22.06 \$202.59



# 3. Silver HDHP – Stacked MOOP, Continued

Inputs						
Enter val	ues in the blue cel	lls below, choose (	a setting option fr	om the drop dowr	box, and press 'C	alculate'.
		an input or drop		•		
Note t	hat the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	sage box will app	ear to indicate th	at the calculation	s are done.		
		Medical	Rx			
	idual Deductible	1,550	1,300			
Fa	amily Deductible	3,100	2,600			
	al Out-of-Pocket	5,750	1,300			
Fami	ly Out-of-Pocket	11,500	2,600			
Coinsurar	nce (50% or Less)	23%	30%			
		Co	osts that Accumul	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	e
		Calculat	te T			
		Carcara				
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$243.69	\$37.98	\$281.67		
	Plan PMPM	\$173.80	\$23.74	\$197.55		
	Actuarial Value	71.3%	62.5%	70.1%		



#### 4. Bronze HDHP – Stacked MOOP

AV from AVC = 61.2%Adjusted AV = 61.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~	ı	HSA/HRA Options		Narı	row Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Collette	dition Amount.	Ş0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier										
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,400.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
OOP Maximum (\$)			\$6,500.00							
OOP Maximum if Separate (\$)										
Click Here for Important Instructions		Tie	r 1			т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	_
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	All	All	unicient	se parace	All	All	umereme	oc parate	☐ All	All
Emergency Room Services	V	<u> </u>			<u> </u>	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)		<u> </u>				<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										<del>-</del>
X-rays)	✓	~			✓	✓				
Specialist Visit	V	<b>V</b>			<b>V</b>	V				
Mental/Behavioral Health and Substance Abuse Disorder						_				
Outpatient Services	~	~			✓	~				
Imaging (CT/PET Scans, MRIs)	>	V			<b>V</b>	✓				
Rehabilitative Speech Therapy	V	<b>V</b>			✓	✓				
	<b>V</b>	V			✓	✓				П
Rehabilitative Occupational and Rehabilitative Physical Therapy	•	<u> </u>								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	✓			V	✓				
X-rays and Diagnostic Imaging	>	~			V	✓				
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	<b>V</b>			V	<b>V</b>				
Drugs	☐ All	☐ All			All	☐ All			☐ All	All
Generics	>			\$12.00	~	~			V	
Preferred Brand Drugs	>	V	60%		V	<b>V</b>				
Non-Preferred Brand Drugs	>	V	40%		V	V				
Specialty Drugs (i.e. high-cost)	<b>\</b>	>	40%		•	V				
Options for Additional Benefit Design Limits:		•								
Set a Maximum on Specialty Rx Coinsurance Payments?  Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):  Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output # Copays (1-10).		<u> </u>								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	61.17%									
Metal Tier:	Bronze									



## 4. Bronze HDHP – Stacked MOOP, Continued

Inputs						
Enter valu	ues in the blue cei	lls below, choose	a setting option fr	om the drop down	box, and press 'C	alculate'.
		· · · · · · · · · · · · · · · · · · ·	down selection is a	•		
Note t	hat the model ru	n-time will vary b	ased on the comp	uters processing sp	peed.	
A mess	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Rx			
Indivi	idual Deductible	4,400	4,400			
	amily Deductible	8,800	4,400 8,800			
	•		· · · · · · · · · · · · · · · · · · ·			
	al Out-of-Pocket	6,500	6,500			
Famil	ly Out-of-Pocket	13,000	13,000			
Coinsurar	nce (50% or Less)	48%	44%			
		Co	osts that Accumul			
			_	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	_
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	Ş
		Calcula	te			
Results						
223.133						
		Medical	Rx	Total		
	Allowed PMPM	\$291.89	\$45.49	\$337.38		
	Plan PMPM	\$185.29	\$21.23	\$206.52		
	Actuarial Value	63.5%	46.7%	61.2%		



## 4. **Bronze HDHP – Stacked MOOP, Continued**

Inputs						
Enter val	ues in the blue cei	lls below, choose (	a setting option fr	om the drop dowr	box, and press 'C	alculate'.
		·	down selection is a	•		
Note t	that the model ru	n-time will vary be	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Rx			
Indiv	idual Deductible	4,400	1,300			
	amily Deductible	8,800	2,600			
	al Out-of-Pocket	6,500	1,300			
	ly Out-of-Pocket		2,600			
Coinsurar	nce (50% or Less)	48%	44%			
		C	osts that Accumul	ate		
		C		OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	te			
Posulto						
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$291.89	\$45.49	\$337.38		
	Plan PMPM	\$179.18	\$26.55	\$205.74		
	Actuarial Value	61.4%	58.4%	60.98%		



#### 5. Bronze Deductible

AV from AVC = 60.4% Adjustments

• HDHP Model with drug adjustments / HDHP Model without drug adjustments = 63.1%/62.1% = 1.016 x .604 = 61.4%

Adjusted AV = 61.4%

#### AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?		ı	HSA/HRA Options		Narr	ow Network O	ptions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st 7	ier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Aimuai Continu	ation Amount.	Ş0.00	2nd 1	ier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier										
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	\$4,000.00	\$500.00								
Coinsurance (%, Insurer's Cost Share)	50.00%	40.00%								
OOP Maximum (\$)	\$6,85	50.00								
OOP Maximum if Separate (\$)			l				J			
Click Here for Important Instructions		Tie	-1			т:	er 2		Tier 1	Tier 2
CHCK HETE TOT IMPORTANT INSTRUCTIONS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applic	_
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduc	-
Medical	☐ All	All	unierent	3e parate	All	All	umerent	3e parate	☐ All	All
Emergency Room Services	✓	<u>√</u>								
All Inpatient Hospital Services (inc. MHSA)	✓	✓			N N	V			H	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	~			\$35.00	✓	✓			~	
Specialist Visit	V			\$85.00	✓	<b>✓</b>			~	П
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services	✓			\$35.00	✓	✓			✓	
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>			✓	✓			П	
Rehabilitative Speech Therapy				\$85.00						
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓			\$85.00	✓	✓			V	
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<b>V</b>			✓	✓				
X-rays and Diagnostic Imaging	V	V			✓	✓				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	V			✓	V				
Outpatient Surgery Physician/Surgical Services	V	V			<b>~</b>	✓				
Drugs	☐ All	☐ All			☐ All	All			☐ All	☐ All
Generics	>			\$20.00	<b>▽</b>	<b>V</b>			<b>&gt;</b>	
Preferred Brand Drugs	V			\$80.00	V	<b>▽</b>			<b>&gt;</b>	
Non-Preferred Brand Drugs	~	<b>V</b>			✓	V V				
Specialty Drugs (i.e. high-cost)	>	V			>	V				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	⊔									
Copays?										
#Copays (1-10):										
Output										
Calculate	01.1									
Status/Error Messages:	Calculation Succe	SSTUI.								
Actuarial Value: Metal Tier:	60.38% Bronze									
ivietai ner:	brunze									



## 5. Bronze Deductible, Continued

HDHP Model – Without Prescription Drug Adjustments:

ies in the blue cel	ls below, choose d	a setting option fro	om the drop down	box, and press 'Ca	lculate'.
hat the model rui	n-time will vary bo	used on the compu	ıters processing sp	peed.	
sage box will app	ear to indicate the	at the calculations	are done.		
	Medical	Rx			
dual Deductible	4,000	500			
mily Deductible	8,000	1,000			
al Out-of-Pocket	6,850	6,850			
y Out-of-Pocket	13,700	13,700			
nce (50% or Less)	47%	52%			
	Co	sts that Accumula	ate		
		0	OP	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
	Medical	Rx	Total		
Allowed PMPM	\$290.55	\$45.28	\$335.83		
Plan PMPM	\$182.43	\$26.27	\$208.70		
Actuarial Value	62.8%	58.0%	62.1%		
<i> </i>  -	dual Deductible mily Deductible al Out-of-Pocket y Out-of-Pocket ace (50% or Less)  Settings  Allowed PMPM Plan PMPM	Medical dual Deductible mily Deductible al Out-of-Pocket y Out-of-Pocket Settings  Deductible Settings  Medical Allowed PMPM \$290.55 Plan PMPM \$182.43	Medical Rx John Costs that Accumulations  Medical Rx  Multiple Results of the composition of the composition of the conformation of the conformation of the calculations of the calculate of the calculations of the calc	Medical Rx dual Deductible 4,000 500 mily Deductible 8,000 1,000 al Out-of-Pocket 13,700 13,700 ace (50% or Less) 47% 52%  Costs that Accumulate OOP Deductible Medical Rx Medical & Rx Allowed PMPM \$290.55 \$45.28 \$335.83 Plan PMPM \$182.43 \$26.27 \$208.70	hat the model run-time will vary based on the computers processing speed.  sage box will appear to indicate that the calculations are done.    Medical   Rx



## 5. **Bronze Deductible, Continued**

HDHP Model – With Prescription Drug Adjustments:

Inputs						
Enter val	ues in the blue cei	lls below, choose (	a setting option fr	om the drop down	box, and press 'C	alculate'.
		· · · · · · · · · · · · · · · · · · ·	down selection is a	•		
Note t	that the model ru	n-time will vary bo	ased on the comp	uters processing sp	peed.	
A mes	sage box will app	ear to indicate th	at the calculations	s are done.		
		Medical	Rx			
	idual Deductible	4,000	500			
Fa	amily Deductible	8,000	1,000			
Individu	al Out-of-Pocket	6,850	1,250			
Fami	ly Out-of-Pocket	13,700	2,500			
Coinsurar	nce (50% or Less)	47%	52%			
		C	osts that Accumul	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Stacked	2
	30000	IVICATE AT IX	Wicarcar & Tix	TO STITY	Stacked	
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$290.55	\$45.28	\$335.83		
	Plan PMPM	\$180.70	\$31.26	\$211.96		
	Actuarial Value	62.2%	69.0%	63.1%		



#### 6. Silver HDHP – Embedded MOOP CSR – 73%

AV from AVC = 75.4%Adjusted AV = 72.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Nan	row Network Op	otions				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netv	vork/POS Plan?					
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st	Tier Utilization:	100%				
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contril	Julion Amount:	\$0.00	2nd	Tier Utilization:	0%				
Indicate if Plan Meets CSR Standard?	~	-									
Desired Metal Tier	Silver  ▼										
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign				
	Medical	Drug	Combined		Medical	Drug	Combined				
Deductible (\$)			\$1,425.00								
Coinsurance (%, Insurer's Cost Share)			75.00%								
OOP Maximum (\$)			\$3,800.00								
OOP Maximum if Separate (\$)											
lick Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2	
Town of Boundit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after	Ī
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ible?	L
Medical	☐ All	☐ All			All	All			☐ All	☐ All	
mergency Room Services	>	<b>V</b>			~	<b>V</b>					Ī
III Inpatient Hospital Services (inc. MHSA)	>	<b>V</b>			~	<u></u>					
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and			000/			_					
-rays)	>	✓	90%		~	✓					
pecialist Visit	>	V			V	<b>▽</b>					
Mental/Behavioral Health and Substance Abuse Disorder			000/			_				_	
Outpatient Services	>	•	90%		<b>V</b>	✓					
maging (CT/PET Scans, MRIs)	>	<b>V</b>			V	<b>~</b>					
ehabilitative Speech Therapy	>	V			V	V					
	<b>V</b>	<b>V</b>			V	<b>v</b>					
ehabilitative Occupational and Rehabilitative Physical Therapy	•	Ŀ									
reventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			
aboratory Outpatient and Professional Services	>	V			~	✓					
-rays and Diagnostic Imaging	>	V			V	✓					
killed Nursing Facility	>	V			~	✓					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	V			✓	✓					
Outpatient Surgery Physician/Surgical Services	>	<b>V</b>			V	<b>✓</b>					
Drugs	All	☐ All			☐ All	All			☐ All	☐ All	Ī
ienerics	>		-	\$10.00	~	<b>V</b>			~		Ī
referred Brand Drugs	>			\$40.00	✓	✓			~		
Ion-Preferred Brand Drugs	>	<b>V</b>	50%		✓	✓					
pecialty Drugs (i.e. high-cost)	>	~	50%		~	✓					
Options for Additional Benefit Design Limits:											Π
Set a Maximum on Specialty Rx Coinsurance Payments?											
Specialty Rx Coinsurance Maximum:											
Set a Maximum Number of Days for Charging an IP Copay?											
# Days (1-10):											
Begin Primary Care Cost-Sharing After a Set Number of Visits?											
# Visits (1-10):											
Begin Primary Care Deductible/Coinsurance After a Set Number of											
Copays?											
#Copays (1-10):		]									
Output		_									
Calculate											
tatus/Error Messages:	Error: Result is o	utside of +/- 1 per	cent de minimis va	riation for CSR	s.						



Actuarial Value:

## $6. \quad Silver\ HDHP-Embedded\ MOOP\ CSR-73\%,\ Continued$

Inputs						
Enter va	lues in the blue cel	ls below, choose o	a setting option fr	om the drop dowr	n box, and press 'C	Calculate'.
Press 'C	Calculate' anytime	an input or drop	down selection is d	changed.		
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A me	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,425	1,425			
F	amily Deductible	2,850	2,850			
Individu	ual Out-of-Pocket	3,800	3,800			
Fam	ily Out-of-Pocket	7,600	7,600			
Coinsura	nce (50% or Less)	23%	30%			
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re D			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$262.43	\$40.90	\$303.33		
	Plan PMPM	\$203.31	\$25.43	\$228.74		
	Actuarial Value	77.5%	62.2%	75.4%		



## 6. Silver HDHP – Embedded MOOP CSR – 73%, Continued

Inputs						
Enter val	lues in the blue cei	lls below, choose (	a setting option fr	om the drop dowr	n box, and press 'C	alculate'.
	Calculate' anytime	·		•		
Note	that the model ru	n-time will vary be	ased on the comp	uters processing s	peed.	
A mes	sage box will app	ear to indicate th	at the calculation	s are done.		
		Medical	Rx			
Indiv	idual Deductible	1,425	1,300			
	amily Deductible	2,850	2,600			
	ial Out-of-Pocket		1,300			
	ily Out-of-Pocket	· ·	2,600			
	nce (50% or Less)	23%	30%			
		Co	osts that Accumul	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$262.43	\$40.90	\$303.33		
	Plan PMPM	\$194.77	\$26.30	\$221.07		
	Actuarial Value	74.2%	64.3%	72.9%		



#### 7. Silver HDHP – Embedded MOOP CSR – 77%

AV from AVC = 79.0%Adjusted AV = 76.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Actuarial Value: Metal Tier:

ose integrated integrated and brug beductible.	_		q c paro			ou network o	0 (10110			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00	1st 7	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Colletti	Jution Amount.	\$0.00	2nd 7	Γier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Gold 🔻									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		j	\$1,300.00			- J				
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$2,700.00							
OOP Maximum if Separate (\$)			42,000.00							
(+/			•				ı			
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti	
Medical	☐ All	☐ All	unrerene	3c parate	All	All	different	Separate	☐ All	☐ All
Emergency Room Services	<u> </u>	✓			<u> </u>	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	☑			· ·	✓				Ä
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										· · · · · · · · · · · · · · · · · · ·
K-rays)	<b>&gt;</b>	✓	90%		✓	✓				
Specialist Visit	V	<b>V</b>								
		<u>V</u>			<b>V</b>	V				
Mental/Behavioral Health and Substance Abuse Disorder	•	✓	90%		✓	✓				
Outpatient Services	<b>V</b>	<b>V</b>			<b>V</b>					
maging (CT/PET Scans, MRIs)						<u> </u>				
Rehabilitative Speech Therapy	V	V				<b>V</b>				
	<b>V</b>	✓			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy				4						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
aboratory Outpatient and Professional Services	V	V			V	V				
K-rays and Diagnostic Imaging	N	V			V	V				
Skilled Nursing Facility	Y	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	V			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			V	<b>v</b>				
Drugs	☐ All	☐ All			All	All			☐ All	☐ All
Generics	Y			\$10.00	~	<b>V</b>			~	
Preferred Brand Drugs	>			\$40.00	✓	<b>V</b>			V	
Non-Preferred Brand Drugs	>	V	50%		✓	✓				
Specialty Drugs (i.e. high-cost)	>	✓	50%		V	<b>V</b>				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?		1								
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П	1								
#Visits (1-10):	_	1								
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1								
Copays?		1								
# Copays (1-10):		I								
Output # Copays (1-10).		1								
1										
Calculate	Form Develope				-					



## 7. Silver HDHP – Embedded MOOP CSR – 77%, Continued

Inputs						
Enter va	lues in the blue cei	lls below, choose o	a setting option fro	om the drop down	box, and press 'C	Calculate'.
Press 'C	Calculate' anytime	an input or dropo	down selection is c	hanged.		
Note	that the model ru	n-time will vary bo	ased on the compu	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,700	2,700			
Fam	ily Out-of-Pocket	5,400	5,400			
Coinsura	nce (50% or Less)	23%	29%			
		Co	osts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$281.18	\$43.82	\$325.00		
	Plan PMPM	\$227.68	\$29.22	\$256.89		
	Actuarial Value	81.0%	66.7%	79.0%		



#### 7. Silver HDHP – Embedded MOOP CSR – 77%, Continued

Inputs						
Enter va	lues in the blue cel	ls below, choose a	setting option fro	om the drop down	box, and press 'C	`alculate'.
		an input or dropa		•		
Note	that the model ru	n-time will vary ba	ised on the compi	uters processing sp	peed.	
A me	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,700	1,300			
Fam	ily Out-of-Pocket	5,400	2,600			
Coinsura	nce (50% or Less)	23%	29%			
		Co	sts that Accumula	ore OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Cottings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
	Settings	ivieuicai & KX	ivieurcai & KX	RX Offing	Aggregate Flus	0
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$281.18	\$43.82	\$325.00		
	Plan PMPM	\$220.51	\$28.98	\$249.50		
	Actuarial Value	78.4%	66.1%	76.8%		



#### 8. Silver HDHP – Embedded MOOP CSR – 79%

AV from AVC = 80.8%Adjusted AV = 78.8%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	•		HSA/HRA Options		Narr	row Network O	otions			
Apply Inpatient Copay per Day?			ver Contribution?			ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?				40.00	1st 7	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd 7	Fier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	~									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,300.00							
Coinsurance (%, Insurer's Cost Share)			80.00%							
OOP Maximum (\$)			\$2,400.00							
OOP Maximum if Separate (\$)										
•										
Click Here for Important Instructions		Tie			<b> </b>		er 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduct	-
Medical	☐ All	☐ All		-	☐ All	All			☐ All	All
Emergency Room Services	V	V			✓	<b>V</b>				
All Inpatient Hospital Services (inc. MHSA)	Y	~			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	>	✓	95%		V	V				
X-rays)			95%							
Specialist Visit	>	~			V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder	•	✓	95%		V	<b>V</b>				
Outpatient Services					_					
Imaging (CT/PET Scans, MRIs)	V	✓			V	<b>v</b>				
Rehabilitative Speech Therapy	>	<b>v</b>			✓	V				
	~	~			<b>V</b>	<b>V</b>				
Rehabilitative Occupational and Rehabilitative Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		l
Laboratory Outpatient and Professional Services	>				V	<b>V</b>				
X-rays and Diagnostic Imaging	<b>&gt;</b> [	V								
Skilled Nursing Facility	>	✓			V	<b>V</b>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	>	~			~	<b>~</b>				
Drugs	☐ All	☐ All			☐ All	All			☐ All	All
Generics	>			\$5.00	V	~			Y	
Preferred Brand Drugs	>			\$15.00	V	∨ ∨			>	
Non-Preferred Brand Drugs	V	~	50%							
Specialty Drugs (i.e. high-cost)	>	V	50%		✓	<b>V</b>				
Options for Additional Benefit Design Limits:		•								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:	_									
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output										
Calculate Status/Error Messages:	Error: Pacult is o	itside of ±/- 1 nor	cent de minimis va	riation for CCD	c					
	80.84%	active or 1/- 1 ber	cent de minimils va	nadon for CSK	J.					
rictadiidi value.	00.0470									



Metal Tier:

## 8. Silver HDHP – Embedded MOOP CSR – 79%, Continued

Inputs						
Enter va	lues in the blue cel	lls below, choose d	setting option fro	om the drop down	box, and press 'C	Calculate'.
Press 'C	Calculate' anytime	an input or dropo	lown selection is c	hanged.		
Note	that the model ru	n-time will vary bo	used on the compu	ıters processing sp	eed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,400	2,400			
Fam	ily Out-of-Pocket	4,800	4,800			
Coinsura	nce (50% or Less)	18%	19%			
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$238.23	\$31.83	\$270.07		
	Actuarial Value	82.4%	70.6%	80.8%		



#### 8. Silver HDHP – Embedded MOOP CSR – 79%, Continued

Inputs						
Enter va	lues in the blue cel	ls below, choose a	setting option fro	om the drop down	box, and press 'C	alculate'.
		an input or dropa		•		
Note	that the model rui	n-time will vary ba	ised on the compu	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,400	1,300			
Fam	ily Out-of-Pocket	4,800	2,600			
Coinsura	nce (50% or Less)	18%	19%			
		6-				
		Co	sts that Accumula	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Sattings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
	Settings	IVIEUICAI & IX	INIEUICAI & IXX	IX Offig	Aggregate Flus	0
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$289.21	\$45.07	\$334.29		
	Plan PMPM	\$232.30	\$31.16	\$263.46		
	Actuarial Value	80.3%	69.1%	78.8%		



#### 9. Silver HDHP – Embedded MOOP CSR – 83%

AV from AVC = 84.1%Adjusted AV = 82.7%

AVC Screen Shot:

User Inputs for Plan Parameters

ose megratea mearca and stag seadchiste.			11071711111110   0   0   110115			on nemone	Peroris			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:	\$0.00		Tier Utilization:				
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Colletti	button Amount.	\$0.00	2nd	Tier Utilization:	: 0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Gold 🔻									
	Tie	1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,300.00							
Coinsurance (%, Insurer's Cost Share)			90.00%							
OOP Maximum (\$)		•	\$1,650.00							
OOP Maximum if Separate (\$)										
Click Here for Important Instructions		Tie	nr1			Ti	er 2		Tier 1	Tier 2
Click Here for important instructions	Cultinate	Subject to		C 16	Cubicata			C !f		
Type of Benefit	Subject to	-	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if	Copay, if	Copay applie	-
	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	
Medical		□ All				All				All
Emergency Room Services	> [	<u> </u>			<b>V</b>	<b>V</b>				
All Inpatient Hospital Services (inc. MHSA)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	•	•	100%		✓	✓				
Specialist Visit	<b>V</b>	✓			V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder			4000/							
Outpatient Services	✓	✓	100%		~	✓				
Imaging (CT/PET Scans, MRIs)	V	✓			V	<b>~</b>				
Rehabilitative Speech Therapy	<b>V</b>	✓			V	_ _				
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	•			~	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	✓	100/0	ψο.σσ			200,0	φο.σο		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	<u> </u>				
Skilled Nursing Facility	<u> </u>	✓			V	☑ ✓			— Ä	Ä
Skilled Nutstrig Facility										ļ
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<b>V</b>	<u> </u>			V	<u>~</u>				
Outpatient Surgery Physician/Surgical Services	V	V			V	V				
Drugs	☐ All	☐ All			All	All			☐ All	All
Generics	V			\$5.00	<b>V</b>	V			~	
Preferred Brand Drugs	V			\$10.00	<b>V</b>	V			V	
Non-Preferred Brand Drugs	V	✓			V	V				
Specialty Drugs (i.e. high-cost)	>	✓			V	V				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	•	1								
# Copays (1-10):		1								
Output		4								
Calculate										
Status/Error Messages:	Error: Result is o	utside of +/- 1 ne	rcent de minimis va	riation for CSR	s.					
Actuarial Value:	84.15%	, ,								



Metal Tier:

#### 9. Silver HDHP – Embedded MOOP CSR – 83%, Continued

lculate' anytime at the model rui	an input or dropa		om the drop down	box, and press 'Co	doulato!
at the model rui		lown selection is c		,	nculule.
		iowii sciection is c	hanged.		
aaa hay will ann	n-time wili vary ba	used on the compu	uters processing sp	peed.	
uge box will upp	ear to indicate the	at the calculations	are done.		
	Medical	Rx			
dual Deductible	1,300	1,300			
mily Deductible	2,600	2,600			
l Out-of-Pocket	1,650	1,650			
Out-of-Pocket	3,300	3,300			
ce (50% or Less)	9%	8%			
	_				
	Co			5 1 /	
	5 1			-	
			1		_
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
	Medical	Rx	Total		
Allowed PMPM	\$297.25	\$46.33	\$343.57		
Plan PMPM	\$254.00	\$34.91	\$288.91		
Actuarial Value	85.4%	75.4%	84.1%		
	Allowed PMPM Plan PMPM	Medical Jual Deductible Medical & Rx   Calculat  Medical Allowed PMPM Jual Supplies Juan PMPM	Medical Rx  Jual Deductible 1,300 1,300  Out-of-Pocket 1,650 1,650  Out-of-Pocket 3,300 3,300  Deductible Medical  Settings Medical & Rx  Calculate  Medical Rx  Allowed PMPM \$297.25 \$46.33  Plan PMPM \$254.00 \$34.91	Medical   Rx	Medical   Rx



#### 9. Silver HDHP – Embedded MOOP CSR – 83%, Continued

Inputs						
Enter va	lues in the blue cel	ls below, choose a	setting option fro	om the drop down	box, and press 'C	alculate'.
	Calculate' anytime			•		
Note	that the model rui	n-time will vary ba	ised on the compu	uters processing sp	peed.	
A me	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	1,650	1,300			
Fam	ily Out-of-Pocket	3,300	2,600			
Coinsura	nce (50% or Less)	9%	8%			
		Co	sts that Accumula	ote OP	Doductible /	
		Deductible	Medical	Rx	Deductible / OOP Type	
	Cottings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
	Settings	ivieuicai & KX	ivieuicai & KX	KX Office	Aggregate Plus	0
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$297.25	\$46.33	\$343.57		
	Plan PMPM	\$250.48	\$33.61	\$284.09		
	Actuarial Value	84.3%	72.6%	82.7%		



#### 10. Silver HDHP – Embedded MOOP CSR – 87%

AV from AVC = 87.5%Adjusted AV = 87.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	ŀ	HSA/HRA Options		Nari	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st -	Fier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Collitio	oution Amount.	Ş0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	<u> </u>									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,150.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$1,150.00							
OOP Maximum if Separate (\$)										
	,		-							
Click Here for Important Instructions		Tie		2 ''		Tie		0 16	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	-	Coinsurance, if different	Copay, if separate	Copay applies deduct	
Medical	All	□ All	umerent	separate	All	All	umerent	separate	□ All	All
Emergency Room Services	✓ All	✓ All			✓ All	✓ All				AII
	<u> </u>	<u>v</u>				<u>∨</u>				
All Inpatient Hospital Services (inc. MHSA)		<u>V</u>				<u> </u>		·····		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>V</b>	V			✓	<b>V</b>				
X-rays)	<u> </u>	<b>V</b>			<u> </u>			·····		П
Specialist Visit	<u> </u>	<u>V</u>				<u>v</u>				Ш
Mental/Behavioral Health and Substance Abuse Disorder	✓	✓			✓	~				
Outpatient Services	✓	<b>V</b>			<u> </u>	✓				
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	V	✓			<b>V</b>	<u> </u>				
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	✓			✓	✓				
Preventive Care/Screening/Immunization	П	П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		<u> </u>	100%	Ş0.00			100%	\$0.00		
X-rays and Diagnostic Imaging	V	V			V	7			П	
Skilled Nursing Facility		<u> </u>			V					
Skilled Nulsing Facility						✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>V</b>			<b>V</b>	<u>~</u>				
Drugs	☐ All	☐ All			All	All			☐ All	☐ All
Generics	V	<b>V</b>			V	V				
Preferred Brand Drugs	V	<b>V</b>			V	V				
Non-Preferred Brand Drugs	V	<b>V</b>			~	~				
Specialty Drugs (i.e. high-cost)	V	<b>V</b>			✓	<u> </u>				
Options for Additional Benefit Design Limits:	•									
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	_									
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), C	Calculation Success	ful.						
Actuarial Value:	87.46%	,,								



Metal Tier:

Gold

## 10. Silver HDHP – Embedded MOOP CSR – 87%, Continued

Inputs						
Enter val	lues in the blue cel	lls below, choose o	a setting option fro	om the drop down	box, and press 'Co	alculate'.
Press 'C	Calculate' anytime	an input or dropo	lown selection is c	hanged.		
Note	that the model ru	n-time will vary bo	used on the comp	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,150	1,150			
F	amily Deductible	2,300	2,300			
Individu	ıal Out-of-Pocket	1,150	1,150			
Fam	ily Out-of-Pocket	2,300	2,300			
Coinsura	nce (50% or Less)	0%	0%			
		Co	sts that Accumula		Dadwathla /	
		Deductible	_	OP D	Deductible /	
	C - ++:		Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$310.64	\$48.41	\$359.05		
	Plan PMPM	\$275.42	\$38.69	\$314.11		
	Actuarial Value	88.7%	79.9%	87.5%		
	Actuarial Value	88.7%	79.9%	87.5%		



#### 10. Silver HDHP – Embedded MOOP CSR – 87%, Continued

Inputs						
Enter va	lues in the blue cel	ls below, choose a	a setting option fro	om the drop down	box, and press 'C	alculate'.
	Calculate' anytime			•		
Note	that the model rui	n-time will vary ba	used on the compu	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,150	1,150			
F	amily Deductible	2,300	2,300			
Individu	ial Out-of-Pocket	1,150	1,150			
Fam	ily Out-of-Pocket	2,300	2,300			
Coinsura	nce (50% or Less)	0%	0%			
		_				
		Co	sts that Accumula		Deal allela /	
		D. J. Wills	_	OP D	Deductible /	
	6.11	Deductible	Medical	Rx	OOP Type	-
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$310.64	\$48.41	\$359.05		
	Plan PMPM	\$273.89	\$38.47	\$312.36		
	Actuarial Value	88.2%	79.5%	87.0%		



#### 11. Silver HDHP – Embedded MOOP CSR – 94%

AV from AVC = 94.0%Adjusted AV = 94.0%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~	ŀ	HSA/HRA Options		Nar	row Network Op	tions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution?		Blended Netv	work/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		A	udian Amazonto	¢0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	ution Amount:	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Platinum 🔻									
	Tier	1 Plan Benefit De	sign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		Ü	\$500.00			Ť				
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$500.00							
OOP Maximum if Separate (\$)										
Click Here for Important Instructions		Tie				Tie			Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if	Copay applie	-
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	□ All	□ All			☐ All	All			☐ All	All
Emergency Room Services	)   	<u> </u>				<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	V	V	***************************************		✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	•			<b>~</b>	<b>▽</b>				
X-rays)										
Specialist Visit	V	V			✓	✓				
Mental/Behavioral Health and Substance Abuse Disorder	✓	•			<b>~</b>	✓				
Outpatient Services						_				
Imaging (CT/PET Scans, MRIs)	<u> </u>	<u> </u>			<u> </u>	<u>~</u>				
Rehabilitative Speech Therapy	V	V			✓	V				
Rehabilitative Occupational and Rehabilitative Physical Therapy	V	•			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		V	100,0	φο.σσ		V	20070	Ç0.00		П
X-rays and Diagnostic Imaging	7	<u> </u>								
Skilled Nursing Facility	7	✓			_ Ū	<u>_</u>			П	Ğ
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	☑	✓			□	<u> </u>				
Outpatient Surgery Physician/Surgical Services	_	<u> </u>								
Drugs	□ All	☐ All			□ All	□ All			□ All	All
Generics	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>			✓	<u> </u>			<u> </u>	
Preferred Brand Drugs	<u> </u>	V				☑ ✓				
Non-Preferred Brand Drugs	V	V			<b>▽</b>	V				
Specialty Drugs (i.e. high-cost)	V	<u>v</u>				<u>.</u>			П	H
Options for Additional Benefit Design Limits:	· ·	·								
Set a Maximum on Specialty Rx Coinsurance Payments?		1								
Specialty Rx Coinsurance Maximum:	П									
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):		J								
Output Calculate										
	CSR Level of 94%	(100-150% FPL), C	alculation Success	ful.						
Actuarial Value:	93.96%									



Platinum

Metal Tier:

## 11. Silver HDHP – Embedded MOOP CSR – 94%, Continued

Inputs						
Enter val	lues in the blue cel	ls below, choose	a setting option f	rom the drop dow	n box, and press 'Co	alculate'.
Press 'C	Calculate' anytime	an input or drop	down selection is	changed.		
Note	that the model ru	n-time will vary b	ased on the comp	outers processing s	peed.	
A mes	ssage box will app	ear to indicate th	at the calculation	s are done.		
		Medical	Rx			
	idual Deductible	500	500			
F	amily Deductible	1,000	1,000			
Individu	ıal Out-of-Pocket	500	500			
Fami	ily Out-of-Pocket	1,000	1,000			
Coinsura	nce (50% or Less)	0%	0%			
			a ata that A agreement	lata		
		C	osts that Accumu		Dodustible /	
		Daduatible		OOP	Deductible /	
	C - ++:	Deductible	Medical	Rx Medical & Rx	OOP Type Stacked	
	Settings	Medical & Rx	Medical & Rx	Medical & RX	Stacked	
		Calcula	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$328.04	\$51.12	\$379.17		
	Plan PMPM	\$310.69	\$45.85	\$356.55		
	Actuarial Value	94.7%	89.7%	94.0%		



## 11. Silver HDHP – Embedded MOOP CSR – 94%, Continued

Inputs	,					
Enter va	lues in the blue cel	lls below, choose o	a setting option fr	om the drop down	box, and press 'C	alculate'.
Press 'C	Calculate' anytime	an input or drop	down selection is o	changed.		
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A me	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
	vidual Deductible	500	500			
F	amily Deductible	1,000	1,000			
Individu	ual Out-of-Pocket	500	500			
Fam	ily Out-of-Pocket	1,000	1,000			
Coinsura	nce (50% or Less)	0%	0%			
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	re de			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$328.04	\$51.12	\$379.17		
	Plan PMPM	\$310.73	\$45.80	\$356.53		
	Actuarial Value	94.7%	89.6%	94.0%		



#### 12. Silver HDHP – Stacked MOOP CSR – 73%

AV from AVC = 74.0%Adjusted AV = 72.9%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Nar	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Blended Netv	vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st	Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Collettic	dution Amount.	\$0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Silver  ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,550.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$4,250.00							
OOP Maximum if Separate (\$)										
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	s only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	☐ All	☐ All			All	All			☐ All	All
Emergency Room Services	~	~			✓	✓				
All Inpatient Hospital Services (inc. MHSA)	~	<b>V</b>			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓	✓	90%		✓	✓				
X-rays)			3070							
Specialist Visit	~	~			V	V				
Mental/Behavioral Health and Substance Abuse Disorder	✓	✓	90%		✓	✓				
Outpatient Services									Ц	
Imaging (CT/PET Scans, MRIs)	V	V			V	V				
Rehabilitative Speech Therapy	~	V			V	V				
	•	•			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy					_					
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<b>_</b>			V	<u>~</u>				
X-rays and Diagnostic Imaging	V	<b>V</b>			V	₹.				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	•			✓	✓				
Drugs	☐ All	☐ All			All	All			☐ All	All
Generics	~			\$10.00	V	<b>V</b>			>	
Preferred Brand Drugs	~			\$40.00	✓	✓			>	
Non-Preferred Brand Drugs	~	•	50%		✓	✓				
Specialty Drugs (i.e. high-cost)	~	•	50%		✓	✓				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?		1								
# Copays (1-10):		1								
Output		_								
Calculate										
	Error: Result is o	utside of +/- 1 per	cent de minimis va	riation for CSR	s.					
Actuarial Value:	74.04%									
Metal Tier:										



## 12. Silver HDHP – Stacked MOOP CSR – 73%, Continued

Inputs						
Enter va	lues in the blue cel	lls below, choose o	a setting option fr	om the drop down	box, and press 'Calcu	ılate'.
	Calculate' anytime			•	,	
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,550	1,550			
F	amily Deductible	3,100	3,100			
Individu	ual Out-of-Pocket	4,250	4,250			
	ily Out-of-Pocket	8,500	8,500			
Coinsura	nce (50% or Less)	23%	30%			
		Co	osts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re D			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$261.10	\$40.69	\$301.79		
	Plan PMPM	\$198.78	\$24.62	\$223.40		
	Actuarial Value	76.1%	60.5%	74.0%		



# $12. \ \textbf{Silver HDHP} - \textbf{Stacked MOOP CSR} - \textbf{73\%, Continued}$

Inputs						
Enter val	ues in the blue cel	ls below, choose o	a setting option fr	om the drop dowr	box, and press 'C	alculate'.
		•	down selection is a	•		
Note t	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	sage box will app	ear to indicate th	at the calculation	s are done.		
		Medical	Rx			
Indiv	ridual Deductible	1,550	1,300			
	amily Deductible	3,100	2,600			
	al Out-of-Pocket	4,250	1,300			
	ly Out-of-Pocket	8,500	2,600			
Coinsurai	nce (50% or Less)	23%	30%			
		Co	sts that Accumul	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	(
		Calculat	te			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$261.10	\$40.69	\$301.79		
	Plan PMPM	\$194.01	\$25.94	\$219.95		
	Actuarial Value	74.3%	63.7%	72.9%		



#### 13. Silver HDHP – Stacked MOOP CSR – 77%

AV from AVC = 77.4%Adjusted AV = 76.7%

AVC Screen Shot:

User Inputs for Plan Parameters

ose integrated Medical and Drug Deductible:			IISA/TIKA OPLIOIIS		Ivali	OW NELWORK O	JUIJIS			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	oution Amount:	\$0.00	1st 7	Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:	\$0.00	2nd 1	Γier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	✓									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit [	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,400.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
OOP Maximum (\$)			\$3,100.00			•				
OOP Maximum if Separate (\$)										
			•							
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?	different	separate	deduc	
Medical	☐ All	☐ All			All	All			☐ All	All
Emergency Room Services	~	~				<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	<u> </u>	<u> </u>			> >	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)	✓	✓	90%		✓	✓				
Specialist Visit	~	V			<b>V</b>	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services	✓	~	90%		~	✓				
Imaging (CT/PET Scans, MRIs)	~	V			. ✓	✓				
Rehabilitative Speech Therapy	<u> </u>	<u> </u>			<u> </u>	<u> </u>				
nenabilitative special incrapy										
Rehabilitative Occupational and Rehabilitative Physical Therapy	~	~			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	~			~	✓				
X-rays and Diagnostic Imaging	~	~			✓	✓				
Skilled Nursing Facility	~	~			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			V	V				
Outpotion of Currous Discrictor / Curried Consider	✓	~			✓	<b>~</b>				
Outpatient Surgery Physician/Surgical Services	□ All	□ All			□ All	All			☐ All	□ All
Drugs	<u> </u>			ć40.00	✓ All	✓ All			✓ All	All
Generics Preferred Brand Drugs	- Ŭ			\$10.00 \$40.00	V	<u>.</u>			V	
Non-Preferred Brand Drugs	<u> </u>		50%	\$40.00		✓ ✓				
	<u> </u>	<u> </u>	50%			<u>~</u>				H
Specialty Drugs (i.e. high-cost)	· ·		50%		V	V				
Options for Additional Benefit Design Limits:		7								
Set a Maximum on Specialty Rx Coinsurance Payments?	Ш									
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):		-								
Begin Primary Care Cost-Sharing After a Set Number of Visits?	П									
#Visits (1-10):		-								
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								

Error: Result is outside of +/- 1 percent de minimis variation for CSRs.

77.42%



Calculate

Status/Error Messages: Actuarial Value:

Metal Tier:

## 13. Silver HDHP – Stacked MOOP CSR – 77%, Continued

lues in the blue cel	lls below, choose c	a setting option fr	om the drop down	box, and press 'Cald	ulate'.
Calculate' anytime	an input or drope	down selection is o	changed.		
that the model ru	n-time will vary bo	ased on the comp	uters processing sp	peed.	
ssage box will app	ear to indicate the	at the calculations	are done.		
	Medical	Rx			
vidual Deductible	1,400	1,400			
amily Deductible	2,800	2,800			
ual Out-of-Pocket	3,100	3,100			
ily Out-of-Pocket		6,200			
nce (50% or Less)	23%	29%			
	Cc	sts that Accumula	ate		
		0	ОР	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
	Medical	Rx	Total		
Allowed PMPM	\$277.16	\$43.20	\$320.36		
Plan PMPM	\$220.15	\$27.95	\$248.10		
Actuarial Value	79.4%	64.7%	77.4%		
ı i i	Calculate' anytime that the model rules age box will app ridual Deductible amily Deductible all Out-of-Pocket all Out-of-Pocket nce (50% or Less)  Settings  Allowed PMPM Plan PMPM	Calculate' anytime an input or droped that the model run-time will vary be assage box will appear to indicate the Medical vidual Deductible amily Deductible 2,800 and Out-of-Pocket 6,200 and Out-of-Pocket 6,200 and Compared to the Medical & Rx  Calculate Medical & Rx  Calculate Medical & Rx  Medical Allowed PMPM \$277.16 Plan PMPM \$220.15	Calculate' anytime an input or dropdown selection is of that the model run-time will vary based on the completes age box will appear to indicate that the calculations and the calculations are set to indicate that the calculations are set to	Calculate' anytime an input or dropdown selection is changed.  It that the model run-time will vary based on the computers processing spaces are done.  Medical Rx  Indidual Deductible 1,400 1,400  It all Out-of-Pocket 3,100 3,100  It ily Out-of-Pocket 6,200 6,200  Ince (50% or Less) 23% 29%  Costs that Accumulate  OOP  Deductible Medical Rx  Settings Medical & Rx  Allowed PMPM \$277.16 \$43.20 \$320.36  Plan PMPM \$220.15 \$27.95 \$248.10	that the model run-time will vary based on the computers processing speed.  ssage box will appear to indicate that the calculations are done.  Medical Rx  idual Deductible 1,400 1,400 amily Deductible 2,800 2,800  all Out-of-Pocket 6,200 6,200 ince (50% or Less) 23% 29%  Costs that Accumulate  OOP Deductible / Deductible Medical Rx OOP Type  Settings Medical & Rx Medical & Rx Stacked  Calculate  Medical Rx Total Allowed PMPM \$277.16 \$43.20 \$320.36 Plan PMPM \$220.15 \$27.95 \$248.10



# 13. Silver HDHP – Stacked MOOP CSR – 77%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter va	lues in the blue cel	ls below, choose o	setting option fro	om the drop down	box, and press 'C	`alculate'.
		an input or dropo		•		
Note	that the model rui	n-time will vary bo	ised on the compi	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,400	1,300			
F	amily Deductible	2,800	2,600			
Individu	ial Out-of-Pocket	3,100	1,300			
Fam	ily Out-of-Pocket	6,200	2,600			
Coinsura	nce (50% or Less)	23%	29%			
		Co	sts that Accumula	ote OP	Dodustible /	
		Deductible	Medical	Rx	Deductible / OOP Type	
	Cottings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
	Settings	ivieuicai & KX	ivieuicai & KX	KX Office	Aggregate Plus	0
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$277.16	\$43.20	\$320.36		
	Plan PMPM	\$217.36	\$28.31	\$245.67		
	Actuarial Value	78.4%	65.5%	76.7%		



# 14. Silver HDHP – Stacked MOOP CSR – 79%

AV from AVC = 79.5%Adjusted AV = 78.8%

Use Integrated Medical and Drug Deductible?

AVC Screen Shot:

User Inputs for Plan Parameters

Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?		Blended Netw	ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00	1st 7	Γier Utilization:	: 100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Aillidal Colltill	dition Amount.	Ş0.00	2nd 1	Γier Utilization:	: 0%			
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier	Gold ▼									
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,300.00							
Coinsurance (%, Insurer's Cost Share)			80.00%							
OOP Maximum (\$)			\$2,900.00							
OOP Maximum if Separate (\$)							ı			
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	s only after
туре от венеті	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	ible?
Medical	☐ All	☐ All			☐ All	All			☐ All	All
Emergency Room Services	Y	V			S S	V				
All Inpatient Hospital Services (inc. MHSA)	V	~			✓	<b>~</b>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>&gt;</b>	✓	95%			V				
X-rays)			95%		✓					_
Specialist Visit	>	V			V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder	•	✓	95%		✓	V				
Outpatient Services			93/0							_
Imaging (CT/PET Scans, MRIs)	>	V			V	V				
Rehabilitative Speech Therapy	>	<b>V</b>			✓	<b>V</b>				
	V	V			V	✓				П
Rehabilitative Occupational and Rehabilitative Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<b>V</b>			V	<b>V</b>				
X-rays and Diagnostic Imaging	V	V								
Skilled Nursing Facility	Y	<b>V</b>			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	>	V			✓	V				
Drugs	☐ All	☐ All			☐ All	☐ All			☐ All	☐ All
Generics	Y			\$5.00	<b>V</b>	<b>V</b>			<b>v</b>	
Preferred Brand Drugs	>			\$15.00	✓	V			V	
Non-Preferred Brand Drugs	>	~	50%		✓	V				
Specialty Drugs (i.e. high-cost)	>	~	50%		✓	✓				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
#Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Error: Result is or	utside of +/- 1 per	cent de minimis va	riation for CSR	s.					
Actuarial Value:	79.54%									

HSA/HRA Options

Narrow Network Options



Metal Tier:

# 14. Silver HDHP – Stacked MOOP CSR – 79%, Continued

# HDHP Model – Normalization:

lues in the blue cel	lls below, choose c	a setting option fro	om the drop down	box, and press 'Cald	culate'.
Calculate' anytime	an input or drope	lown selection is c	hanged.		
that the model rui	n-time will vary bo	used on the comp	uters processing sp	peed.	
ssage box will app	ear to indicate the	at the calculations	are done.		
	Medical	Rx			
vidual Deductible	1,300	1,300			
amily Deductible	2,600	2,600			
ial Out-of-Pocket	2,900	2,900			
ily Out-of-Pocket	5,800	5,800			
nce (50% or Less)	18%	19%			
	Cc	sts that Accumula	ate		
		0	ОР	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
	Medical	Rx	Total		
Allowed PMPM	\$282.52	\$44.03	\$326.55		
Plan PMPM	\$229.20	\$30.48	\$259.68		
Actuarial Value	81.1%	69.2%	79.5%		
	Calculate' anytime that the model rui ssage box will app ridual Deductible amily Deductible ial Out-of-Pocket ily Out-of-Pocket nce (50% or Less)  Settings  Allowed PMPM Plan PMPM	Calculate' anytime an input or droped that the model run-time will vary be assage box will appear to indicate the Medical vidual Deductible amily Deductible 2,600 and Out-of-Pocket 5,800 ance (50% or Less) 18%  Competition Deductible Settings Medical & Rx  Calculate Medical & Rx  Allowed PMPM \$282.52 Plan PMPM \$229.20	Calculate' anytime an input or dropdown selection is of that the model run-time will vary based on the completes age box will appear to indicate that the calculations of the control of the calculations of t	Calculate' anytime an input or dropdown selection is changed.  It that the model run-time will vary based on the computers processing spaces age box will appear to indicate that the calculations are done.  Medical Rx  Indidual Deductible 1,300 1,300  It all Out-of-Pocket 2,900 2,900  It all Out-of-Pocket 5,800 5,800  Ince (50% or Less) 18% 19%  Costs that Accumulate  OOP  Deductible Medical Rx  Settings Medical & Rx  Allowed PMPM \$282.52 \$44.03 \$326.55  Plan PMPM \$229.20 \$30.48 \$259.68	that the model run-time will vary based on the computers processing speed.  stage box will appear to indicate that the calculations are done.  Medical Rx  didual Deductible 1,300 1,300 amily Deductible 2,600 2,600 and Out-of-Pocket 5,800 5,800 an



# 14. Silver HDHP – Stacked MOOP CSR – 79%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter va	lues in the blue cel	lls below, choose o	a setting option fro	om the drop down	box, and press 'C	alculate'.
			lown selection is c	•		
Note	that the model ru	n-time will vary bo	used on the compu	uters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,900	1,300			
Fam	ily Out-of-Pocket	5,800	2,600			
Coinsura	nce (50% or Less)	18%	19%			
		Co	sts that Accumula	ate		
			0	ОР	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$282.52	\$44.03	\$326.55		
	Plan PMPM	\$226.97	\$30.32	\$257.29		
	Actuarial Value	80.3%	68.9%	78.8%		



# 15. Silver HDHP – Stacked MOOP CSR – 83%

AV from AVC = 83.1%Adjusted AV = 82.8%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options			row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			vork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Continu	detion Amount.	Ş0.00	2nd	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?										
Desired Metal Tier	Gold ▼									
		r 1 Plan Benefit De				2 Plan Benefit D	_			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,300.00							
Coinsurance (%, Insurer's Cost Share)			90.00%							
OOP Maximum (\$)			\$2,000.00							
OOP Maximum if Separate (\$)										
					1		_			
Click Here for Important Instructions	Subject to	Tie Subject to	Coinsurance, if	Copay, if	Subject to	Tie Subject to	Coinsurance, if	Copay, if	Tier 1 Copay applie	Tier 2
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	-
Medical	All	All	uniterent	separate	All	All	unierent	separate	□ All	All
Emergency Room Services		<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MHSA)	·	V			<u> </u>	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>									
X-rays)	>	✓	100%		✓	✓				
Specialist Visit	V	V			V	V			П	
Mental/Behavioral Health and Substance Abuse Disorder										
Outpatient Services	V	✓	100%		✓	✓				
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>			<b>V</b>	<b>✓</b>				
Rehabilitative Speech Therapy		<u> </u>			✓					
Rehabilitative Occupational and Rehabilitative Physical Therapy	<b>&gt;</b>	V			<b>V</b>	✓				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		✓			_ _ _ _					
X-rays and Diagnostic Imaging	Ŋ	<u> </u>			7	V V				
Skilled Nursing Facility		<u> </u>			<u> </u>					
	***************************************									
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	✓			V	✓				
Outpatient Surgery Physician/Surgical Services	V	✓			V	<u> </u>				
Drugs	☐ All	All			All	All			☐ All	All
Generics	N			\$5.00	V	<b>V</b>			V	
Preferred Brand Drugs	N			\$10.00	V	⊻_			V	
Non-Preferred Brand Drugs	Ŋ	V			V	V				
Specialty Drugs (i.e. high-cost)	>	V			<u> </u>	✓				
Options for Additional Benefit Design Limits:		7								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):		4								
Begin Primary Care Cost-Sharing After a Set Number of Visits?	$\sqcup$									
# Visits (1-10):		4								
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ц									
Copays?										
# Copays (1-10):		J								
Output										
Calculate Status / Error Mossages:	Error: Pocultic o	utcido of +/ 1 ===	cont do minimic v	riation for CCD	r					



83.06%

Actuarial Value:

Metal Tier:

# 15. Silver HDHP – Stacked MOOP CSR – 83%, Continued

# HDHP Model – Normalization:

ulate' anytime t the model rur	an input or dropa n-time will vary ba	lown selection is c	hanged. uters processing sp	n box, and press 'Cald	culate'.
ulate' anytime t the model rur ge box will app ual Deductible ily Deductible Out-of-Pocket	an input or dropa n-time will vary ba ear to indicate the Medical 1,300 2,600	down selection is cased on the compa at the calculations Rx 1,300	hanged. uters processing sp		
ge box will app ual Deductible ily Deductible Out-of-Pocket	Medical 1,300 2,600	Rx 1,300		peed.	
ual Deductible ily Deductible Out-of-Pocket	Medical 1,300 2,600	Rx 1,300	are done.		
ily Deductible Out-of-Pocket	1,300 2,600	1,300			
ily Deductible Out-of-Pocket	1,300 2,600	1,300			
ily Deductible Out-of-Pocket	2,600	•			
Out-of-Pocket		2,600			
	2,000				
Out-of-Pocket		2,000			
	4,000	4,000			
(50% or Less)	9%	8%			
	Co	sts that Accumula	ate		
		0	ОР	Deductible /	
	Deductible	Medical	Rx	OOP Type	
Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
	Calculat	e			
	Medical	Rx	Total		
llowed PMPM	\$294.57	\$45.91	\$340.48		
Plan PMPM	\$248.82	\$34.11	\$282.93		
ctuarial Value	84.5%	74.3%	83.1%		
	Settings  Iowed PMPM Plan PMPM	Deductible Settings Medical & Rx  Calculat  Medical lowed PMPM \$294.57 Plan PMPM \$248.82	Costs that Accumula  Deductible Medical  Settings Medical & Rx  Medical & Rx  Calculate  Medical Rx  Iowed PMPM \$294.57 \$45.91 Plan PMPM \$248.82 \$34.11	Costs that Accumulate OOP Deductible Medical Rx Settings Medical & Rx Medical & Rx  Calculate  Calculate  Medical Rx Total lowed PMPM \$294.57 \$45.91 \$340.48 Plan PMPM \$248.82 \$34.11 \$282.93	Costs that Accumulate  OOP  Deductible /  Deductible Medical Rx  OOP Type  Settings Medical & Rx  Medical & Rx  Stacked  Calculate  Medical Rx  Total  Iowed PMPM \$294.57 \$45.91 \$340.48  Plan PMPM \$248.82 \$34.11 \$282.93



# 15. Silver HDHP – Stacked MOOP CSR – 83%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter va	lues in the blue cei	lls below, choose o	a setting option fro	om the drop down	box, and press 'C	alculate'.
			lown selection is c	•		
Note	that the model ru	n-time will vary bo	used on the compu	iters processing sp	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	idual Deductible	1,300	1,300			
F	amily Deductible	2,600	2,600			
Individu	ial Out-of-Pocket	2,000	1,300			
Fam	ily Out-of-Pocket	4,000	2,600			
Coinsura	nce (50% or Less)	9%	8%			
		Co	sts that Accumula	ate		
			0	OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	6
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$294.57	\$45.91	\$340.48		
	Plan PMPM	\$248.89	\$32.93	\$281.81		
	Actuarial Value	84.5%	71.7%	82.8%		



# 16. Silver HDHP – Stacked MOOP CSR – 87%

AV from AVC = 87.0%Adjusted AV = 86.9%

AVC Screen Shot:

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Narr	row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:	\$0.00		Tier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		Allifual Colletin	oution Amount.	Ş0.00	2nd 1	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,200.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$1,200.00							
OOP Maximum if Separate (\$)										
•										
<u>Click Here for Important Instructions</u>		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	-
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	☐ All	☐ All			☐ All	All			☐ All	All
Emergency Room Services	V				<b>V V</b>	V				
All Inpatient Hospital Services (inc. MHSA)	>	V			V					Ш
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>V</b>	~			✓	✓				
X-rays)	<u> </u>	<u> </u>				_				_
Specialist Visit	<u>&gt;</u>				V	~				
Mental/Behavioral Health and Substance Abuse Disorder	<b>V</b>	~			✓	✓				
Outpatient Services	<b>V</b>	✓			<b>.</b>	✓				
Imaging (CT/PET Scans, MRIs)										
Rehabilitative Speech Therapy	>	<b>V</b>			✓	✓				
Debelijiteti - Osmati and and Debelijiteti - Dhariad Tharan	>	~			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			100%	\$0.00			100%	\$0.00		
X-rays and Diagnostic Imaging	V	<u>-</u>			N N	✓				
Skilled Nursing Facility	V	V			· ·	✓			П	- i
Skilled Naishig Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<b>7</b>			✓	<b>7</b>				
Drugs	□ All	□ All			□ All	□ All			☐ All	□ All
Generics	<u> </u>	<u> </u>			V	<u> </u>				
Preferred Brand Drugs	>	<u> </u>			<u> </u>	<u> </u>				
Non-Preferred Brand Drugs	<b>\</b>	<u> </u>			✓					
Specialty Drugs (i.e. high-cost)	>	<b>V</b>			✓	<b>V</b>				
Options for Additional Benefit Design Limits:										
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):										
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL), (	Calculation Success	ful.						



Actuarial Value:

Metal Tier:

87.01%

Gold

# 16. Silver HDHP – Stacked MOOP CSR – 87%, Continued

# HDHP Model – Normalization:

Inputs						
Enter va	lues in the blue cei	lls below, choose o	a setting option fr	om the drop down	box, and press 'Cal	culate'.
Press 'C	Calculate' anytime	an input or dropo	down selection is o	hanged.		
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A mes	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,200	1,200			
F	amily Deductible	2,400	2,400			
Individu	ual Out-of-Pocket	1,200	1,200			
Fam	ily Out-of-Pocket	2,400	2,400			
Coinsura	nce (50% or Less)	0%	0%			
		Сс	osts that Accumula	<del></del>	5 1 /	
		5 1		OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re D			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$309.30	\$48.20	\$357.50		
	Plan PMPM	\$272.89	\$38.20	\$311.09		
	Actuarial Value	88.2%	79.2%	87.0%		



# 16. Silver HDHP – Stacked MOOP CSR – 87%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs						
Enter va	lues in the blue cel	ls below, choose o	setting option fro	om the drop down	box, and press 'C	alculate'.
		an input or dropo		•		
Note	that the model rui	n-time will vary bo	ised on the compu	uters processing sp	peed.	
A me	ssage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
Indiv	vidual Deductible	1,200	1,200			
F	amily Deductible	2,400	2,400			
Individu	ial Out-of-Pocket	1,200	1,200			
Fam	ily Out-of-Pocket	2,400	2,400			
Coinsura	nce (50% or Less)	0%	0%			
		Co	sts that Accumula		Dadwatible /	
		Deductible	Medical	OP Rx	Deductible /	
	Cattings		Medical & Rx		OOP Type	C
	Settings	Medical & Rx	iviedicai & KX	Rx Only	Aggregate Plus	6
		Calculat	e			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$309.30	\$48.20	\$357.50		
	Plan PMPM	\$274.18	\$36.48	\$310.66		
	Actuarial Value	88.6%	75.7%	86.9%		



# 17. Silver HDHP – Stacked MOOP CSR – 94%

AV from AVC = 94.0%Adjusted AV = 94.1%

AVC Screen Shot:

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options			row Network Op	otions			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			ork/POS Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:	\$0.00		Γier Utilization:	100%			
Use Separate OOP Maximum for Medical and Drug Spending?		7 mindar commi	odcioii / tiilodiici	φο.σσ	2nd 1	Tier Utilization:	0%			
Indicate if Plan Meets CSR Standard?	<b>V</b>									
Desired Metal Tier	Platinum 💌									
		1 Plan Benefit De				2 Plan Benefit D				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$500.00							
Coinsurance (%, Insurer's Cost Share)			100.00%							
OOP Maximum (\$)			\$500.00							
OOP Maximum if Separate (\$)			J							
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?	different	separate	deduc	-
Medical	☐ All	☐ All			All	All			☐ All	All
Emergency Room Services	V	V			✓	✓				
All Inpatient Hospital Services (inc. MHSA)	V	V			✓	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		_			_	_			]	_
X-rays)	✓	•			✓	✓				
Specialist Visit	V	V			V	<b>V</b>				
Mental/Behavioral Health and Substance Abuse Disorder						_				_
Outpatient Services	•	~			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	<b>V</b>			✓	✓				
Rehabilitative Speech Therapy	V	<b>V</b>			✓	✓				
Rehabilitative Occupational and Rehabilitative Physical Therapy	✓	V			V	V				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>		10070	, , , , , , , , , , , , , , , , , , ,	Ŭ.	<u> </u>	10076	\$0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			$\overline{\mathbf{v}}$	<u> </u>				
Skilled Nursing Facility	<u> </u>	<u> </u>			V	Ž				Ē
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<b>V</b>	<b>V</b>			<b>V</b>	<b>V</b>				
Outpatient Surgery Physician/Surgical Services	V	<u> </u>			V	V				
Drugs	All	☐ All			All	All			☐ All	All
Generics	v				<u> </u>	V				<u>_</u>
Preferred Brand Drugs	V	V			V	V				
Non-Preferred Brand Drugs	<u> </u>				V	V				
Specialty Drugs (i.e. high-cost)	~	V			<b>V</b>	✓				
Options for Additional Benefit Design Limits:		1								
Set a Maximum on Specialty Rx Coinsurance Payments?										
Specialty Rx Coinsurance Maximum:										
Set a Maximum Number of Days for Charging an IP Copay?										
# Days (1-10):		1								
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Segin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
copays? #Copays (1-10):										
Output # Copays (1-10):		J								
Calculate										
Calculate										

CSR Level of 94% (100-150% FPL), Calculation Successful. 93.96% Platinum



Status/Error Messages:

Actuarial Value: Metal Tier:

# 17. Silver HDHP – Stacked MOOP CSR – 94%, Continued

# HDHP Model – Normalization:

Inputs						
Enter val	lues in the blue cel	ls below, choose o	a setting option fr	om the drop dowr	n box, and press 'C	`alculate'.
			down selection is o			
Note	that the model rui	n-time will vary bo	ased on the comp	uters processing s	peed.	
A mes	sage box will app	ear to indicate the	at the calculations	are done.		
		Medical	Rx			
	vidual Deductible	500	500			
F	amily Deductible	1,000	1,000			
Individu	ıal Out-of-Pocket	500	500			
Fami	ily Out-of-Pocket	1,000	1,000			
Coinsura	nce (50% or Less)	0%	0%			
		_				
		Co	osts that Accumula			
		5 1		OP	Deductible /	
	6	Deductible	Medical	Rx	OOP Type	_
	Settings	Medical & Rx	Medical & Rx	Medical & Rx	Stacked	5
		Calculat	re D			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$328.04	\$51.12	\$379.17		
	Plan PMPM	\$310.69	\$45.85	\$356.55		
	Actuarial Value	94.7%	89.7%	94.0%		



# 17. Silver HDHP – Stacked MOOP CSR – 94%, Continued

HDHP Model – Adjusted Actuarial Value:

Inputs	,					
Enter va	lues in the blue cel	lls below, choose o	a setting option fr	om the drop dowr	box, and press 'C	alculate'.
Press '(	Calculate' anytime	an input or drop	down selection is c	changed.		
Note	that the model ru	n-time will vary bo	ased on the comp	uters processing s <sub>i</sub>	peed.	
A me	ssage box will app					
		Medical	Rx			
	vidual Deductible	500	500			
F	amily Deductible	1,000	1,000			
Individu	ual Out-of-Pocket	500	500			
Fam	ily Out-of-Pocket	1,000	1,000			
Coinsura	nce (50% or Less)	0%	0%			
		Co	osts that Accumula	ate		
				OP	Deductible /	
		Deductible	Medical	Rx	OOP Type	
	Settings	Medical & Rx	Medical & Rx	Rx Only	Aggregate Plus	f
		Calculat	re			
Results						
		Medical	Rx	Total		
	Allowed PMPM	\$328.04	\$51.12	\$379.17		
	Plan PMPM	\$311.94	\$45.00	\$356.95		
	Actuarial Value	95.1%	88.0%	94.1%		





# **Contact Information**

**Company Information** 

Company Legal Name: MVP Health Plan, Inc.

HIOS Issuer ID: 77566 NAIC Number: 95521

**Primary Contact Information** 

Contact Name: Matthew Lombardo, FSA, MAAA

Contact Title: Actuarial Manager, Commercial Pricing

Primary Contact Phone #: 1-800-777-4793, ext. 2483

Primary Contact Address: 625 State Street

Schenectady, NY 12301-2207

Primary Contact E-mail: mlombardo@mvphealthcare.com

## **ACTUARIAL MEMORANDUM**

2016 Vermont Exchange Filing

## **Purpose and Scope of Filing**

This memorandum details the methods and assumptions underlying the proposed 2016 premium rates for the State of Vermont's Individual and SHOP Exchange. These products will be issued by MVP Health Plan, Inc., a non-profit subsidiary of MVP Health Care, Inc. The rate filing has been prepared to satisfy the requirements of 8 V.S.A §5104 as well as the requirements of the Federal ACA including 45 CFR Part 156, §156.80. The premium rates are effective between 1/1/2016 and 12/31/2016. This filing includes a new product that will be offered for the first time. The rate for this new product was developed consistent with the proposed renewal rates for the current products. MVP made uniform modifications to a number of the benefits being offered, and the updated forms have been submitted in a separate SERFF filing. The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of this plan is 4.2%.

## **Drivers of Rate Increase**

The proposed premium rates reflect an increase over the prior rates due to medical inflation and experience period data not reflecting a full 12-month contract. Premium rate increases are varying by plan due to uniform benefit modifications of a number of benefits being offered as well as the impact of fixed PMPM non-claim costs on premiums that vary based on benefit level.

# Market/Benefits

All products and rates included in this rate filing are available to both individuals and small employer groups. All Essential Health Benefits (EHBs) are covered. Only one EHB substitution was made as required by the Department of VHA, a substitution for the \$2,000 annual Private Duty Nursing benefit limit in the benchmark plan. MVP contracted Milliman to determine an actuarially equivalent visit limit. The supporting memorandum is included with the documents supplementing this filing. The non-standard products proposed by MVP and included in this rate filing include a wellness benefit in excess of the EHBs. This wellness benefit is included in all non-standard products and is filed as a mandatory rider, Form: FRVT-301.

To inform consumers of the availability and details of the products included in this filing, MVP will provide community outreach support as well as offer web and print product content and other printed product materials for VT plans. MVP will also have a mass media presence to further educate health care customers in Vermont.

The book of business affected by this rate filing reflects 3,324 policyholders, 4,227 subscribers and 6,417 members.

# Experience Period Premium and Claims (Worksheet 1, Section 1 of Unified Rate Review Template)

Worksheet 1, Section 1 of the Unified Rate Review Template contains MVP Health Plan, Inc. Small Group and Individual HMO Data for Vermont members over the time period 1/1/2014 – 12/31/2014, completed through 3/31/2015. This data reflects both ACA compliant membership and non-ACA compliant membership. Of the 60,497 Member Months reflected in this section of the URRT, 60,156 of the Member Months were enrolled in ACA compliant plans.

MVP's does not project to rebate consumers for 2014 dates of service, and therefore no adjustments were made to the earned premium amount reflected on Worksheet 1, Section 1 of the Unified Rate Review Template. The earned premium shown reflects the amount of premium MVP collected from groups and individuals over the experience period.

Allowed claim data includes claims from our fee for service (FFS) claim warehouse along with additional medical expenses not captured in the claim warehouse such as: payments associated with medical home, physician incentive payments, FFS write-offs and net reinsurance expenses.

An allowance for incurred but not reported paid claims (IBNR) was added to the experience period fee-for-service (FFS) medical claims. IBNR files were supplied directly from MVP's reserving actuary. MVP uses a combination PMPM and completion factor method to develop IBNR estimates, and Vermont specific data for the experience period was used to develop the factors. The fee-for-service experience period claims were reconciled with the IBNR lag triangles to ensure accuracy.

A summary of experience period claims processed through MVP's claim system, experience period costs not processed through MVP's claims system, as well as an estimate of IBNR are summarized below for the claims shown in Worksheet I, Section I of the URRT.

	Allowed	Incurred
Claims Processed Through Claim System	\$22,878,874	\$17,723,578
Experience Period Costs Not Processed Through Claims System	\$805,446	\$738,717
IBNR	\$683,540	\$530,016
Total	\$24,367,859	\$18,992,311

## Benefit Categories (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP determines benefit category based on the type of claim form submitted in conjunction with the code and type of code attached to the claim form (i.e. ICD-9, Diagnosis Code, or HCPCS). Member encounter data is used to determine utilization for claims falling under the "Other" category.

## Projection Factors (Worksheet 1, Section 2 of Unified Rate Review Template)

## Adjustments to Meet EHB Requirements

## Benefits Added

Several new covered benefits need to be accounted for in Non-ACA compliant plans which include: pediatric dental, pediatric vision, disposable medical supplies, wigs, sterilization reversal, couples therapy, private duty nursing and removing limitations for SNF and Home Care.

Pediatric vision, disposable medical supplies, and pediatric dental claims were captured in MVP's ACA compliant 2014 data, and MVP has assumed that non-ACA compliant members will incur claims at the same rate in 2016. For the other benefits being added, MVP was not able to separate these specific costs from our ACA compliant data. MVP contracted with Milliman to quantify these benefit costs. An actuarial memorandum provided by Milliman which outlines the derivation of these costs has been included with this SERFF filing.

For non-ACA compliant plans, pharmacy coverage was not a mandated benefit. There were 1,289 MM included in MVP's non-ACA compliant small group pool of data that did not have Rx coverage in the experience period. MVP assumed that these members would incur costs at the average cost of the non-ACA Compliant Small Group members with pharmacy coverage in in the experience period.

## **Benefits Removed**

Non-ACA compliant data includes benefits that are not covered in MVP's ACA compliant plans either as a standard covered benefit or via an optional rider. These benefits include: elective abortion and vision exams/hardware. The cost of these benefits was removed from the Non-ACA compliant data in the experience period.

# Adjustment for Expected Covered Membership Risk Characteristics

MVP is applying a 2.0% morbidity improvement factor to its projection of non-ACA compliant experience period data. This adjustment is consistent with the GMCB's decision and order from MVP's 2014 Exchange filing, and MVP kept this adjustment in its 2015 rate filing as well.

## Adjustment for Leap Year in 2016

MVP's experience period data is 2014 incurred claims. Because the projection period is 2016, an adjustment for the leap year is being made in line 20 of Exhibit 3. The adjustment is equal to 366/365 and reflects an additional day of claims in 2016 that was not reflected in the experience period.

### **Medical Trend Factors**

The assumed unit cost trends reflect known and assumed price increases from MVP's provider network. Consistent with recently submitted filings, MVP is applying 0% utilization trend to its data. Regression analysis has been performed on MVP's utilization data in the past, and it was concluded that the predictive ability of the historical utilization trends was weak and not reliable.

# **Rx Trend Factors**

Annual allowed Rx trend factors were supplied by MVP's pharmacy benefit manager (PBM) and reflect their best estimate of expected changes to pharmacy costs and drug utilization. The trend forecast provided by MVP's PBM accounts for drugs coming off patent, changes in average wholesale price, new drugs being released to the market, and price competitiveness amongst generic and brand drug manufacturers. The average annual allowed Rx trend is 10.6%.

# Credibility Manual Rate Development (Worksheet 1, Section 2 of Unified Rate Review Template)

MVP Health Plan, Inc. and MVP Health Insurance Co. historical claim data was the basis of the premium rate development. Non-ACA compliant and ACA compliant individual and small employer group data, association data, and large employer groups with 51-100 employees are included in the experience period data set used to develop premium rates. MVP combined the experience of these separate pools of data to form a more credible experience base. In aggregate, the claim data is assumed to be fully credible. The experience period data complies with the single risk pool requirement of the Federal ACA.

Because MVP's experience period membership shown in Worksheet 1, Section 1 does not fully reflect this population, the claims not reflected in that section which are being used in MVP's premium rate development are reflected in the credibility manual.

MVP determined the credibility weights between the two sections of URRT data based on the membership enrolled in each of these populations over the experience period.

A portion of the index rate claims are covered under a capitation arrangement. The cost associated with these claims reflects the PMPM payment MVP will owe its capitated vendors in 2016.

# <u>Paid-to-Allowed Ratio and Membership Projection (Worksheet 1, Section 3 & Worksheet 2, Section 4 of Unified Rate Review Template)</u>

MVP projects an 81.0% paid-to-allowed ratio in 2016 and assumes the projection period membership will equal the experience period membership used to develop premium rates, or 179,944 Member Months. MVP assumed ACA compliant members would remain in the same product in 2016 as they purchased in 2014. For non-ACA compliant

members, MVP reviewed 2014 enrollment by actuarial value and mapped members to a metal level. From there, MVP assumed a uniform distribution of membership by plan within each metal level.

Because this is a merged market, MVP had to make assumptions regarding whether members in non-ACA compliant plans would purchase individual coverage or small group coverage in 2016. MVP assumed that all members enrolled in the Agriservices Association and Individual Indemnity products during the experience period would purchase Individual coverage. MVP's assumption for Agriservices was based on conversations with MVP's internal sales team. For non-ACA compliant Small Group members, MVP assumed the same percentage of individual enrollment as was reflected in the 2014 ACA compliant products. For Large Group 51-100, MVP assumed all members would enroll in Small Group.

After mapping members to products in the projection period, MVP then computed the weighted average projected claim expense PMPM. The resulting PMPM was compared the projection period Allowed Experience Period Claims PMPM to derive the paid to allowed ratio for 2016.

## **Impact of 3 R's on Claim Projection**

Transitional Reinsurance Program

MVP is assuming that the assumed reinsurance recovery for individual members in 2016 will equal 4.2%. This was determined by computing 50% of the annual average value of claims between \$90,000 - \$250,000 for members in the VT single risk pool between 2012 and 2014. Please see below for the percentage by year:

	% of Claims Subject to
Time Period	2016 TRP Recoveries
2012	4.1%
2013	4.8%
2014	3.7%
Average	4.2%

To arrive at the PMPM value of the Temporary Reinsurance Program in 2016 the projected incurred claims PMPM for the individual market is being multiplied by -4.2%.

### Federal Risk Adjustment Program

No adjustment is being made to the paid index rate for the Federal Risk Adjustment this program. There was no market simulation completed by the State of Vermont and therefore there is no basis for assuming anything other than a \$0 payment transfer between carriers.

## Federal Risk Corridor Program

No adjustment is being to the paid index rate to account for this program.

## **Index Rate and Premium Rate Development**

The experience period index rate of \$403 is equal to AR44 small group and individual HMO allowed claim data for the time period, 1/1/2014 - 12/31/2014, completed through 3/31/2015. The single risk pool projection period index rate is \$462.54. These amounts reflect the cost of EHBs over the applicable time periods. The projection period index rate reflects all market-wide adjustments discussed above in the section labeled, "Projection Factors".

In the experience period, the value of non-EHBs for members enrolled in non-ACA compliant plans did not have an impact on the index rate; this was driven by the fact that 99.4% of experience period members in Section 1 of Worksheet 1 were enrolled in ACA compliant plans. For the projection period, MVP projects a cost of \$0.02 PMPM

for non-EHBs. This amount was calculated by taking the member weighted average projected enrollment in non-standard plans times the cost of non-EHBs (\$0.07 PMPM) divided by the total projected membership for 2016.

The market adjusted index rate for the projection period equals \$451.40. This value was computed by adjusting the projection period index rate for the federal reinsurance program, risk adjustment, and marketplace user fees. Please see above for details on the computation of the projected value of the temporary reinsurance program and risk adjustment program. The market adjusted index rate reflects the average demographic characteristics of the single risk pool.

#### Plan Adjusted Index PMPM rates

Plan adjusted index rates are calculated by multiplying the market adjusted index rate times the AV pricing value. The AV pricing value reflects the impact of benefit value, induced utilization, benefits in addition to EHBs, the catastrophic plan adjustment, and the value of non-claim expenses. Please see below for details regarding actuarial values, induced utilization, and non-claim expenses reflected in 2016 premium rates.

Note the AV pricing value does not reflect the expected actuarial value of benefits being offered. Because the market adjusted index rate does not reflect the impact of administrative costs and the AV pricing value accounts for these costs, many of the AV pricing values seen on Worksheet 2 are greater than 1.00.

## **Actuarial Values and Induced Utilization Factors**

The AV Metal Level for each plan was determined using the Federal prescribed Actuarial Value Calculator. Adjustments for aggregate deductibles, the VT Rx OOPM, and safe harbor prescription Rx benefits were made to the calculator results for the non-standard gold HDHP and non-standard bronze HMO plans. The actuarial certification of these adjustments has been included.

The Benefit Actuarial Value for each plan was determined using MVP's in house benefit pricing tools. The pricing tools value the expected net paid claim cost associated with unique benefit plan designs from a starting single risk pool allowed amount. The AV is the ratio of the expected paid to allowed amount for each plan design. MVP did not reflect any induced utilization in the projection of the net paid amounts for each unique benefit plan.

The induced utilization factors used to set premium rates and compute the average inforce induced utilization factor are sloped to comply with the HHS prescribed induced utilization factors of 1.00 for Bronze, 1.03 for Silver, 1.08 for Gold, and 1.15 for Platinum.

#### Non Claim Expense Plan Level Adjustments

Non claim expenses include both percent of premium loads and PMPM loads. The loads do not vary by plan. Each Standard and Non Standard plan is being loaded with the same PMPM and Percent of Premium loads.

#### Federal Taxes PMPM based

A total of \$2.57 PMPM is added for fees MVP must pay to the Federal Government per ACA regulations on a PMPM basis and includes the following 3 taxes: \$2.25 reinsurance contribution rate, \$0.15 HHS risk adjustment user fee and \$0.17 Patient Centered Outcome Research Fee.

#### Federal Taxes Premium based

This is referred to as the ACA Insurer Tax and will be assessed as a premium based tax applicable to all health insurance carriers. The fee collected by HHS will vary each year beginning with \$8 billion in 2014, \$11.3 billion in 2015 and 2016, \$13.9 billion in 2017 and \$14.3 billion in 2018. MVP is assuming 2% of premium will be paid to fund this tax for 2016. This is unchanged from 2015.

#### State Taxes Premium based - VT Vaccine Assessment

This load reflects a Vermont state assessment based on plan premiums used to fund immunizations provided by the state. The load of 0.6% is based on MVP's current charge for this program.

## General Administrative Expense Load (Including QI component)

The total administrative expense load included as a plan level adjustment is equal to \$36.60 PMPM. MVP previously filed administrative expenses as a percentage of premium but has decided to modify this methodology in 2016. This amount includes \$1.50 PMPM to provide an expanded network to members purchasing exchange products in VT through a partnership with PHCS. The remaining \$35.10 PMPM is used to cover SG&A expenses as well as Quality Improvement/Cost Containment Programs (QI). Based on an analysis of MVP's 2014 expenses, 9% of MVP's total administrative expense was spent on QI. Therefore, \$3.16 PMPM of the \$35.10 PMPM administrative expense is attributable to QI.

MVP is currently working towards improving administrative efficiencies to reduce it operating expenses in 2016. The following table summarizes the administrative expenses for small group and individual lines of business from the 2012, 2013, and 2014 Statutory Supplemental Health Care Exhibits (SHCE). The actual 2014 filing will not match the numbers below exactly as there was an internal allocation error when completing the SHCEs. Temporary reinsurance pool fees were not properly allocated by group size within each company in the filed SHCEs which has been reconciled in the table below.

Combined VT AR42 and		SHCE Admin
AR44	Year	PMPM*
Individual	2012	\$57.27
Small Group	2012	\$37.24
Combined	2012	\$39.98
Individual	2013	\$38.96
Small Group	2013	\$46.56
Combined	2013	\$45.58
Lord's delical	2014	Ć44.2C
Individual	2014	\$44.26
Small Group	2014	\$38.11
Combined	2014	\$40.30

<sup>\*</sup>Reflects lines 6.6, 8.3, 10.1, and 10.4 of SHCE, Part 1

#### Profit/Risk Charge

MVP is not building a profit/risk charge into the VT Exchange premium rates for 2016. MVP understands the necessity of building a risk charge into premium rates to protect against adverse experience relative to pricing assumptions, but we are willing to temporarily remove this charge to aid in our competitive position in this market.

## Bad Debt Expense

A plan level adjustment equal to 0.40% of premium was added to account for non-payment of premium risk. MVP has experienced an increase in bad debt in the VT Individual Exchange which is the driver of this increase.

## Rider FRVT-301 (Wellness Benefit in Addition to EHBs)

Members purchasing a non-standard plan will receive MVP's Member Wellness Incentive (Form: FRVT-301). This benefit provides adult members with up to \$50 per year in incentives. MVP projects the net cost of this benefit to equal \$0.07 PMPM. This figure was derived by analyzing the cost of Rider VT-301 for 2014 dates of service relative to the non-Standard population receiving this benefit. The incentive for this benefit in 2014 was \$200 and had a cost of \$0.28 PMPM. Because the reimbursement is being reduced to \$50, MVP divided the \$0.28 PMPM amount by 4 to

reflect the 2016 reimbursement of \$50 per year. This additional cost was added as a plan level adjustment to the non-Standard plans.

## **Catastrophic Plan Adjustment**

An additional plan level adjustment was applied to the catastrophic plan to account for the unique age eligibility requirements as permitted by the Federal ACA Rules. MVP did not reflect the fact that individuals facing financial hardship could also qualify to enroll in this plan. As of March 2015, all of the 149 members enrolled in this plan meet the age qualification for enrollment (< 30 years old).

MVP determined the adjustment factor for this plan by calculating the HHS Age factor for the eligible population and comparing it to the HHS Age factor of the experience period membership. The eligible population was assumed to be any member under the age of 30 that was not attached to a subscriber age 30 or older. It was assumed that a member under the age of 30 and attached to a subscriber age 30 or older would enroll as a dependent in a non-catastrophic plan. The eligibility adjustment factor is equal to 0.656.

Catastrophic Plan Level Adjustment	
	HHS Age Factor
Ages 0-29, Meeting Subscriber Qualifications	1.038
Single Risk Pool Total	1.583
Catastrophic Adjustment	0.656

## **Loss Ratio Information**

The traditional target loss ratio (claims cost / premium) for the rates proposed in this rate filing is 87.7%. After making adjustments for taxes/assessments and expenses associated with quality improvements, the Federal target loss ratio for the rates proposed in this filing is 91.3%. Please see the table below for more detail:

Target Loss Ratio for 2016 VT E	xchange
A) Claims Expense (line 34, Exh 3)	\$367.51
B) Taxes/Assessments	\$13.47
C) Quality Improvement	\$3.16
D) Premium	\$419.26
E) Traditional Loss Ratio	87.7%
= A) / D)	
F) Federal Loss Ratio	91.3%
= [A) + C)] / [D) - B)]	

### **Terminated Products**

Included in the terminated products information of Worksheet 2 is Small Group non-ACA compliant HMO plans. The following is a list of the HIOS Product IDs reflected in Worksheet 2: 77556VT001, 77556VT002, 77556VT004.

#### **Warning Alerts**

There are no Warning Alerts being generated.

#### **Actuarial Certification**

I, Matthew Lombardo, am a Member of the American Academy of Actuaries. The projected Index Rate and Adjusted Paid Amount used in the development of these proposed premium rates is in compliance with all applicable State and

Federal Statutes and Regulations (45 CFR 156.80(d)(1)) and developed in compliance with the applicable Actuarial Standards of Practice. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, nor inadequate, nor unfairly discriminatory. They are developed using only the permitted rating classifications. The Adjusted Paid Amount and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The Standard AV Calculator was used to determine the Metal AV Value to be show in Worksheet 2 of the Part I Unified Rate Review template for all the plans. The EHB portion of premium reflected in Worksheet 2, Sections 3 and 4 was calculated in accordance with actuarial standards of practice.

The URRT does not demonstrate the process that was used to develop premium rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases and for certification that the Index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

I certify that I am knowledgeable as to the Vermont laws and regulations that apply to this filing and that, to the best of my knowledge and belief, this filing is in compliance with such laws and regulations and provides all required benefits.

I am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the PPACA and the HCERA of 2010.

I certify that each rate filing has been prepared in accordance with the following; ASOP#5, ASOP#8, ASOP#12, ASOP#23, ASOP#25, ASOP#26, and ASOP#41.

Matthew Lombardo, FSA, MAAA

Actuarial Manager, Commercial Pricing

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MVP Health Care, Inc.

05/15/2015 Date



# Consumer Disclosure about Proposed Health Insurance Rate Increase VT 2016 ACA Exchange Rate Filing

MVP Health Plan, Inc. is a health care payer operating in Vermont and New York. MVP's mission is to provide high quality and affordable health care with a focus on wellness to our members.

MVP must obtain approval from the Green Mountain Care Board for the health insurance premium rates charged. MVP files annual premium rates for the Exchange which are guaranteed for 12 months. This rate filing seeks approval of MVP's 2016 Exchange rates (effective dates of coverage beginning between January 1, 2016 and December 31, 2016).

The premium rates filed reflect MVP's current estimate of the cost to provide health insurance for that coverage period. The filed premium rates may be higher or lower than the previously filed premium rates; however, premium rates generally increase over time. Increases in premium rates are driven by many factors including increases in use of medical services by the insured population, increases in hospital and physician required charges for medical care, expanded covered services due to government mandates, fees and assessments charged by the government to insurers, and the exit of healthier individuals from the insurance market place as the cost of insurance increases.

The proposed rates reflect an average rate adjustment to prior rates of 3.0%, ranging from -1.8% to 27.3%. The 27.3% proposed increase is for the catastrophic plan, and the increase is driven by the demographics of the eligible population relative to the book of business average demographic factor. The largest increase proposed outside of the catastrophic plan is 4.2%. There are 3,324 policyholders, 4,227 subscribers and 6,417 members impacted by this rate filing.

# Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: M 1 to Date: 05/15/15

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1	Unified Rate Review v2.0.4																	
2																		
3	Company Legal Name:	<b>MVP Health P</b>	lan, Inc.	State:	VT													
4	HIOS Issuer ID:	77566		Market:	Combined													
5	Effective Date of Rate Change(s)	1/1/2016																
6																		
7																		
8	Market Level Calculations (Same for all F	Plans)																
9																		
11	Section I: Experience period data																	
12	Experience Period:	1/1/2014	to to	12/31/2014														
	•		Experience Period															
13			Aggregate Amount	<u>PMPM</u>	% of Prem													
14	Premiums (net of MLR Rebate) in Experie	ence Period:	\$22,435,346	\$370.85	100.00%													
15 16	Incurred Claims in Experience Period		\$18,992,311	313.94	84.65%													
17	Allowed Claims: Index Rate of Experience Period		\$24,367,859	402.79 \$403.00	108.61%													
18	Experience Period Member Months		60,497															
19	·			-														
20	Section II: Allowed Claims, PMPM basis																	
21			Experience	e Period			ction Period: xperience to	1/1/20	ed Trend	12/31/2016	N	lid-point to Mi	d-point, Experie	ence to Projection:	24 ı	months	-	
22			on Actual Exper	ience Allowed			n Period		ea irena tors	Projections h	efore credibility	Δdiustment		Credibility Manual				
		Utilization	Utilization per	Average		Pop'l risk				Utilization per	Average	rajastinent	Utilization	Average				
23	Benefit Category	Description	1,000	Cost/Service	PMPM	Morbidity	Other	Cost	Util	1,000	Cost/Service	PMPM	per 1,000	Cost/Service	PMPM			
24	Inpatient Hospital	Days	397.51	\$1,873.45	\$62.06	1.000	1.003	1.054	1.000	397.44	\$2,087.61	\$69.14	382.23	\$2,818.51	\$89.78			
25 26	Outpatient Hospital	Visits	4,113.33	470.79	161.37	1.000	1.003	1.048	1.000	4,112.62	518.35	177.65		512.73	174.16			
26	Professional	Visits	11,804.22	112.13	110.30	1.000	1.003	1.014	1.000	11,802.20	115.66	113.76		121.64	115.88			
27 28	Other Medical Capitation	Other Benefit Period	354.86 12,000.00	165.60 13.31	4.90 13.31	1.000 1.000	1.003 1.000	1.048 1.034	1.000 1.000	354.80 12,000.00	182.33 14.24	5.39 14.24	383.82 12000.00	491.04 14.61	15.71 14.61			
29	Prescription Drug	Prescriptions	9,412.43	64.83	50.85	1.000	1.003	1.034	1.000	9,727.44	76.93	62.36		91.53	62.54			
30	Total				\$402.79							\$442.54			\$472.67			
31					, -											After Credibility	Projected Perio	od Totals
32	Section III: Projected Experience:				Projected Allowed	Experience Clai	ns PMPM (w/a	pplied cred	ibility if applic	able)		33.62%	S		66.38%	\$462.54	\$83	,231,735
33							ed Average Fa	,								0.810		
34 35							urred Claims,		rein & Risk Ad	j't, PMPM						\$374.63	\$67	,411,563
36							k Adjustments		incurance r	overies, net of rein p	rom DMDM4					<u>-0.15</u> \$374.78	¢.c.3	( <u>26,992)</u> ,438,555
37							A reinsurance				icili, FIVIPIVI					\$374.78 <u>6.95</u>		,438,555 ,250,611
38					Projected Incurred											\$367.83	_	,187,944
38 40 41 42					Administrative Exp										9.17%	38.27		,886,088
41					Profit & Risk Load	crise Luau									0.00%	0.00	C	0
42					Taxes & Fees										2.64%	11.01	1	,982,048
43 44					Single Risk Pool Gr	oss Premium Av	g. Rate, PMPN									\$417.11	\$75	,056,080
44					Index Rate for Proj											\$462.54		
45 46							er Experience	Period								12.47%		
46					Projected Member	% Increase, a	iiiualized:									6.05%		179.944
48					Species Highligh													,,,
	Information Not Releasable to the	Public Unless Author	rized by Law: This inf	formation has no	ot been publically d	isclosed and ma	y be privileged	and confid	ential. It is for	internal governmen	t use only and mu	ist not be						
49	disseminated	l, distributed, or copi	ed to persons not au	thorized to recei	ve the information	Unauthorized	disclosure may	result in pr	osecution to	he full extent of the	law.							
50																		

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s): MVP Health Plan, Inc. State: VT Market: Combined

77566 1/1/2016

Section I: General Product and Plan Information																							
Product						Vermor	t HMO Contract In	ndividual									Vermont HMO	Contract Group					
Product ID:	1						77566VT004										77566	VT005					
Metal:		Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Catastrophic	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	
AV Metal Value		0.890	0.810	0.781	0.783	0.716	0.701	0.689	0.614	0.610	0.599	0.584	0.890	0.810	0.781	0.783	0.716	0.701	0.689	0.614	0.610	0.599	
AV Pricing Value		1.286	1.146	1.119	0.994	0.961	0.911	0.927	0.764	0.741	0.762	0.514	1.286	1.146	1.119	0.994	0.961	0.911	0.927	0.764	0.741	0.762	
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO		
Plan Name		FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-001-	FRVT-HMOH-S-	FRVT-HMO-S-001-	FRVT-HMO-B-001-	FRVT-HMOH-B-	FRVT-HMO-C-001-	FRVT-HMO-P-001-	FRVT-HMO-G-001-	FRVT-HMO-G-002-	FRVT-HMOH-G-	FRVT-HMO-S-001-	FRVT-HMOH-S-	FRVT-HMO-S-001-	FRVT-HMO-B-001-	FRVT-HMOH-B-	FRVT-HMO-B-001-		
		S (2016)	S (2016)	N (2016)	003-N (2016)	S (2016)	001-S (2016)	N (2016)	S (2016)	001-S (2016)	N (2016)	S (2016)	S (2016)	S (2016)	N (2016)	003-N (2016)	S (2016)	001-S (2016)	N (2016)	S (2016)	001-S (2016)	N (2016)	
Plan ID (Standard Component ID):		77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009	77566VT0050010	77566VT0050011	
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Historical Rate Increase - Calendar Year - 2							0.00%						0.00%										
Historical Rate Increase - Calendar Year - 1							0.00%										0.0	0%					
Historical Rate Increase - Calendar Year 0							9.00%										17.:	10%					
Effective Date of Proposed Rates		1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)		-1.46%													-3.70%	0.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%	
Cum'tive Rate Change % (over 12 mos prior)		-1.46%	-0.83%	-3.70%	-999.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%	22.07%	-1.46%	-0.83%	-3.70%	-999.00%	-1.83%	-1.00%	-0.09%	-0.97%	-5.82%	-2.64%	
Proj'd Per Rate Change % (over Exper. Period)		8.96%	1-0-08 10-3-08 13-0-108 135-008 1-1-0-38 1-1-0-08 10-37 10-3													10.54%	23.06%						
Product Threshold Rate Increase %							-1.56%										-1.7	74%					

#### Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007 7	7566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009 7	7566VT0050010	77566VT0050011
Inpatient	\$0.6	\$3.38	\$2.88	\$0.31	\$0.00	\$0.74	\$0.93	\$1.66	-\$0.18	-\$3.05	-\$1.12	\$4.76	\$3.38	\$2.88	\$0.31	\$0.00	\$0.74	\$0.93	\$1.66	-\$0.18	-\$3.05	-\$1.12
Outpatient	\$1.4	1 \$7.16	\$6.09	\$0.66	\$0.00	\$1.56	\$1.98	\$3.50	-\$0.37	-\$6.46	-\$2.36	\$10.08	\$7.16	\$6.09	\$0.66	\$0.00	\$1.56	\$1.98	\$3.50	-\$0.37	-\$6.46	
Professional	\$0.9	\$4.70	\$4.00	\$0.43	\$0.00	\$1.02	\$1.30	\$2.30	-\$0.24	-\$4.25	-\$1.55	\$6.62	\$4.70	\$4.00	\$0.43	\$0.00	\$1.02	\$1.30	\$2.30	-\$0.24	-\$4.25	-\$1.55
Prescription Drug	\$0.1	\$0.50	\$0.43	\$0.05	\$0.00	\$0.11	\$0.14	\$0.24	-\$0.03	-\$0.45	-\$0.16	\$0.70	\$0.50	\$0.43	\$0.05	\$0.00	\$0.11	\$0.14	\$0.24	-\$0.03	-\$0.45	-\$0.16
Other	\$0.1	\$0.59	\$0.50	\$0.05	\$0.00	\$0.13	\$0.16	\$0.29	-\$0.03	-\$0.53	-\$0.20	\$0.83	\$0.59	\$0.50	\$0.05	\$0.00	\$0.13	\$0.16	\$0.29	-\$0.03	-\$0.53	-\$0.20
Capitation	\$0.5	\$2.55	\$2.17	\$0.23	\$0.00	\$0.56	\$0.70	\$1.25	-\$0.13	-\$2.30	-\$0.84	\$3.59	\$2.55	\$2.17	\$0.23	\$0.00	\$0.56	\$0.70	\$1.25	-\$0.13	-\$2.30	-\$0.84
Administration	-\$3.6	-\$20.01	-\$13.70	-\$14.03	\$0.00	-\$6.23	-\$3.76	-\$4.08	\$2.53	\$1.80	\$2.04	\$17.50	-\$20.01	-\$13.70	-\$14.03	\$0.00	-\$6.23	-\$3.76	-\$4.08	\$2.53	\$1.80	\$2.04
Taxes & Fees	-\$1.4	-\$1.57	-\$1.46	-\$1.85	\$0.00	-\$1.56	-\$1.46	-\$1.36	-\$1.44	-\$1.89	-\$1.59	-\$0.26	-\$1.57	-\$1.46	-\$1.85	\$0.00	-\$1.56	-\$1.46	-\$1.36	-\$1.44	-\$1.89	
Risk & Profit Charge	-\$4.1	-\$5.89	-\$5.22	-\$5.25	\$0.00	-\$4.42	-\$4.15	-\$4.19	-\$3.48	-\$3.55	-\$3.53	-\$1.90	-\$5.89	-\$5.22	-\$5.25	\$0.00	-\$4.42	-\$4.15	-\$4.19	-\$3.48	-\$3.55	-\$3.53
Total Rate Increase	-\$5.5	4 -\$8.59	-\$4.31	-\$19.40	\$0.00	-\$8.09	-\$4.16	-\$0.39	-\$3.37	-\$20.69	-\$9.32	\$41.94	-\$8.59	-\$4.31	-\$19.40	\$0.00	-\$8.09	-\$4.16	-\$0.39	-\$3.37	-\$20.69	-\$9.32
Member Cost Share Increase	\$16.3	5 \$3.31	\$5.43	\$13.92	\$0.00	\$13.31	\$13.06	\$9.95	\$21.17	\$35.45	\$25.27	\$28.36	\$3.31	\$5.43	\$13.92	\$0.00	\$13.31	\$13.06	\$9.95	\$21.17	\$35.45	\$25.27
Average Current Rate PMPM	\$414.8	\$589.04	\$521.71	\$524.61	\$0.00	\$441.67	\$415.47	\$419.03	\$348.22	\$355.22	\$353.21	\$190.04	\$589.04	\$521.71	\$524.61	\$0.00	\$441.67	\$415.47	\$419.03	\$348.22	\$355.22	\$353.21
Projected Member Months	179 94	11 961	2 249	1 706	1 246	13 951	11 759	14 146	24 693	9 903	11 204	1 123	11 531	3 784	3 552	2 799	11 617	12 872	9 770	7.112	6 928	6.053

#### :tion III: Experience Period Information

Plan ID (Standard Component ID):	otal	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	7566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77S66VT00S0004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007	77566VT0050009 7	7566VT0050010	77566VT0050011
Plan Adjusted Index Rate	\$367.26	\$532.71	\$447.91	\$462.98		\$401.05	\$392.38	\$396.43	\$316.87	\$339.55	\$322.05	\$197.79	\$505.59	\$491.53	\$451.51		\$362.52	\$353.99	\$381.43	\$292.91	\$302.64	\$279.46
Member Months	60,497	2,644	999	460		4,268	2,076	4,462	16,466	1,676	2,976	1,123	5,564	996	765		3,328	4,583	1,481	2,511	2,327	1,451
Total Premium (TP)	\$22,218,319	\$1,408,484	\$447,466	\$212,971	\$0	\$1,711,697	\$814,585	\$1,768,874	\$5,217,601	\$569,086	\$958,435	\$222,121	\$2,813,086	\$489,563	\$345,409	\$0	\$1,206,471	\$1,622,338	\$564,901	\$735,487	\$704,252	\$405,494
EHB Percent of TP, [see instructions]	99.85%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%	100.00%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%
state mandated benefits portion of TP that are other																						
than EHB	0.00%					0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.15%		0.00%		100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%	0.00%	0.00%		0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%
Total Allowed Claims (TAC)	\$24,368,056	\$3,825,038	\$913,703	\$272,706		\$1,870,311	\$858,873	\$2,493,698	\$3,967,773	\$602,284	\$795,567	\$116,988	\$2,866,232	\$567,293	\$493,460		\$902,452	\$1,629,050	\$556,841	\$342,471	\$746,590	\$345,715
EHB Percent of TAC. [see instructions]	99.84%	100.00%	100.00%	99 38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%	100.00%	100.00%	100.00%	99.38%		100.00%	100.00%	99.23%	100.00%	100.00%	99.06%
state mandated benefits portion of TAC that are																					200.007	
other than EHB	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.16%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%	0.00%	0.00%	0.00%	0.62%	100.00%	0.00%	0.00%	0.77%	0.00%	0.00%	0.94%
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on	\$5,375,746	\$138,811	\$122,759	\$47,607	\$0	\$407,178	\$92,670	\$472,469	\$1,547,575	\$227,217	\$258,775	\$53,589	\$289,034	\$76,685	\$70,194	\$0	\$300,684	\$522,065	\$153,857	\$180,226	\$253,450	\$149,320
behalf of insured person, in dollars	\$385.963	\$0	SO	so.	\$0	\$152,442	\$74.149	\$159.371	\$0	\$0	\$0	\$0	sc	so so	\$0	SO.	SO.	SO	\$0	\$0	so	\$0
Portion of above payable by HHS on behalf of										-												
insured person, as %	7.18%		0.00%		#DIV/0!	37.44%	80.01%	33.73%	0.00%	0.00%	0.00%	0.00%	0.00%		0.00%	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$18,992,311	\$3,686,227	\$790,944	\$225,099	\$0	\$1,463,133	\$766,203	\$2,021,229	\$2,420,198	\$375,068	\$536,793	\$63,399	\$2,577,198	\$490,609	\$423,266	\$0	\$601,769	\$1,106,985	\$402,985	\$162,245	\$493,140	\$196,396
Net Amt of Rein	\$1,429,904.57	\$110,363.77	\$41,699.47	\$19,200.96	\$0.00	\$178,151.50	\$86,654.76	\$186,249.29	\$687,310.82	\$69,958.27	\$124,221.85	\$46,875.38	-\$29,211.00	-\$5,229.00	-\$4,016.25	\$0.00	-\$17,472.00	-\$24,060.75	-\$7,775.25	-\$13,182.75	-\$12,216.75	-\$7,617.75
Net Amt of Risk Adj	-\$4,812.48	-\$211.52	-\$79.92	-\$36.80	\$0.00	-\$341.44	-\$166.08	-\$356.96	-\$1,317.28	-\$134.08	-\$238.08	-\$89.84	-\$445.12	-\$79.68	-\$61.20	\$0.00	-\$266.24	-\$366.64	-\$118.48	-\$200.88	-\$186.16	-\$116.08
Incurred Claims PMPM	\$313.94		\$791.74		#DIV/0!	\$342.81	\$369.08	\$452.99	\$146.98	\$223.79	\$180.37	\$56.46	\$463.19		\$553.29	#DIV/0!	\$180.82	\$241.54	\$272.10	\$64.61	\$211.92	\$135.35
Allowed Claims PMPM	\$402.80		\$914.62		#DIV/0!	\$438.22	\$413.72	\$558.87	\$240.97	\$359.36	\$267.33	\$104.17	\$515.14		\$645.05	#DIV/0!	\$271.17	\$355.45	\$375.99	\$136.39	\$320.84	\$238.26
EHB portion of Allowed Claims, PMPM	\$402.15	\$1,446.69	\$914.62	\$589.17	#DIV/0!	\$438.22	\$413.72	\$554.57	\$240.97	\$359.36	\$264.80	\$104.17	\$515.14	\$569.57	\$641.05	#DIV/0!	\$271.17	\$355.45	\$373.10	\$136.39	\$320.84	\$236.01

#### :tion IV: Projected (12 months following effective date)

.tion iv. Projected (12 months following effective dat	.ej																					
Plan ID (Standard Component ID):	Total	77566VT0040001	77566VT0040002	77566VT0040004	77566VT0040023	77566VT0040005	77566VT0040006	77566VT0040007	77566VT0040009	77566VT0040010	77566VT0040011	77566VT0040013	77566VT0050001	77566VT0050002	77566VT0050004	77566VT0050023	77566VT0050005	77566VT0050006	77566VT0050007 7	7566VT0050009	77566VT0050010 7	7566VT00500
Plan Adjusted Index Rate	\$418.15	\$580.45	\$517.40	\$505.21	\$448.66	\$433.58	\$411.31	\$418.64	\$344.85	\$334.53	\$343.89	\$231.98	\$580.45	\$517.40	\$505.21	\$448.66	\$433.58	\$411.31	\$418.64	\$344.85	\$334.53	\$343.8
Member Months	179,944	11,961	2,245	1,706	1,246	13,951	11,759	14,146	24,693	9,903	11,204	1,123	11,531	3,784	3,552	2,788	11,617	12,872	9,770	7,112	6,928	6,053
Total Premium (TP)	\$75,244,021	\$6,942,762	\$1,161,563	\$861,888	\$559,030	\$6,048,875	\$4,836,594	\$5,922,081	\$8,515,381	\$3,312,851	\$3,852,944	\$260,514	\$6,693,169	\$1,957,842	\$1,794,506	\$1,250,864	\$5,036,899	\$5,294,382	\$4,090,113	\$2,452,573	\$2,317,624	\$2,081,56
EHB Percent of TP. [see instructions]	100.00%	100.00%	100.00%	99 99%	99 98%	100.00%	100.00%	99 98%	100.00%	100.00%	99 98%	100.00%	100.00%	100.00%	99 99%	99.98%	100.00%	100.00%	99.98%	100 00%	100.00%	99.985
state mandated benefits portion of TP that are other	100.00%	100.00%	100.00%	33.33%	22.20%	100.00%	100.00%	22.20/9	100.00%	100.0076	22.20%	100.00%	100.00%	100.00%	22.22/8	22.20/0	100.00%	100.00%	33.30/0	100.00%	100.00%	33.30
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009
Other benefits portion of TP	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.025
Total Allowed Claims (TAC)	\$83,088,154	\$6,128,855	\$1,102,465	\$830,507	\$583,618	\$6,467,750	\$5,368,409	\$6,485,701	\$10,964,383	\$4,396,429	\$4,976,256	\$318,322	\$5,908,522	\$1,858,230	\$1,729,168	\$1,305,881	\$5,385,697	\$5,876,534	\$4,479,379	\$3,157,927	\$3,075,680	\$2,688,44
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	100.00%	99.99%	99.98%	100.00%	100.00%	99.98%	100.00%	100.00%	99.989
state mandated benefits portion of TAC that are																						
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.009
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.00%	0.01%	0.02%	0.00%	0.00%	0.02%	0.00%	0.00%	0.029
Allowed Claims which are not the issuer's obligation	\$16,899,336	-\$12,129	\$83,795	\$76,202	\$99,376	\$1,244,061	\$1,213,269	\$1,389,961	\$3,791,923	\$1,616,673	\$1,732,825	\$112,073	-\$311,654	\$54,243	\$79,083	\$167,461	\$815,539	\$1,097,649	\$781,665	\$987,470	\$1,032,470	\$847,38
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$434,111	\$0	\$0	\$0	\$0	\$171,459	\$83,399	\$179,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	90	\$0	\$0	\$0	\$0	\$0	s
Portion of above payable by HHS on behalf of insured person, as %	2.57%	0.00%	0.00%	0.00%	0.00%	13.78%	6.87%	12.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.005
Total Incurred claims, payable with issuer funds	\$66,188,818	\$6,140,985	\$1,018,670	\$754,305	\$484,242	\$5,223,690	\$4,155,141	\$5,095,740	\$7,172,461	\$2,779,757	\$3,243,431	\$206,248	\$6,220,176	\$1,803,987	\$1,650,085	\$1,138,421	\$4,570,158	\$4,778,885	\$3,697,714	\$2,170,457	\$2,043,210	\$1,841,05
Net Amt of Rein	\$1 250 189	\$163.551	\$30,697	\$23,327	\$17.037	\$190.762	\$160.789	\$193.428	\$337.645	\$135.411	\$153,200	\$15,356	-\$25 945	-SR 514	-\$7 992	-\$6.273	-\$26.138	-\$28.962	-\$21 983	-\$16,002	-\$15 588	-\$13.61

Ret Amt of Rook Adj 525, 592 51,794 5337 5256 51,874 52,127 51,704 52,127 51,704 51,685 51,681 51,681 51,705 5568 5533 5418 51,743 51,931 51,466 51,067 51,009 5908